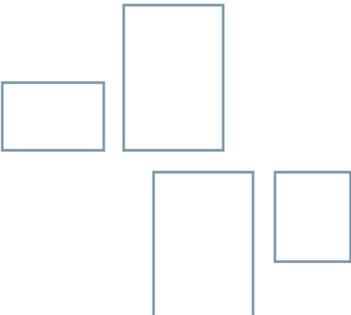
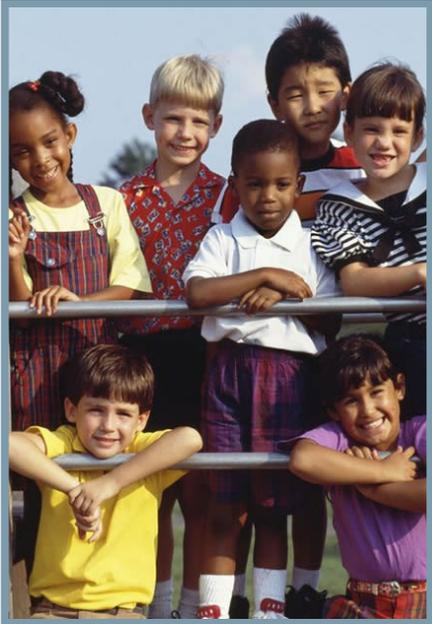


Utah Immunization Guidebook

2016 | 2017



For Schools, Early Childhood Programs
and Healthcare Providers

UTAH IMMUNIZATION GUIDEBOOK

INTRODUCTION

The Utah Immunization Program and the Utah State Office of Education are pleased to provide you with the *Utah Immunization Guidebook*. The Guidebook is designed to clarify the Utah Immunization Rule for Students (R396-100) for health care providers and school and early childhood program personnel. It has been designed to be used in conjunction with Utah Statutes and Rules for Immunization, which have been included in this guidebook as Appendix A. Each required vaccine and the schedule to be followed, including minimum intervals between each dose, are outlined in this book. The appendices include Frequently Asked Questions and sample forms that can be used to assist in implementing the requirements.

Since the implementation of the Utah Immunization Rule for Students, consistent requirements have protected children attending Utah schools and early childhood programs from many vaccine-preventable diseases. In the past, these diseases caused significant illness and death. The success of the Immunization Rule for Students is a direct result of the tremendous collaboration among school and early childhood program personnel, health care professionals, and parents.

The Utah Immunization Program and the Utah State Office of Education recognize that immunization schedules are very complex and often require much time and effort to ensure Utah's children are adequately protected from many of these diseases. We appreciate your continued support of the Immunization Rule for Students and your dedication to Utah's children. Online educational modules are available at www.immunize-utah.org. If you have questions concerning immunization requirements or this Guidebook, please contact Nasrin Zandkarimi at **(801) 538-9450**, or contact your local public health department.



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SECTION 1 INDIVIDUAL VACCINE REQUIREMENTS



Diphtheria, tetanus, acellular pertussis (DTaP)

A student must be immunized for Diphtheria, Tetanus, and Pertussis before entering a Utah school or early childhood program. The following three schedules apply to the administration of Diphtheria, Tetanus, and Pertussis under ten years of age:

Schedule 1: A student must receive five doses of Diphtheria, Tetanus, and Pertussis containing vaccine administered as either DTaP/ DT. The first, second, and third doses must be administered a minimum of four weeks apart. The fourth dose must follow the third dose by a minimum of six months. The fourth dose may be given as early as age 12 months if at least 6 months have elapsed since the third dose. However, for auditing purposes only, the fourth dose need not be repeated if given at least 4 months after the third dose. The fourth and fifth dose must be administered a minimum of six months apart. The fifth dose (booster dose) is required before the student enters kindergarten. **DTaP is currently recommended for all doses.**

- (a) If the fourth dose is administered on or after a student's fourth birthday, the fifth dose is not required.
- (b) A student who has received six or more doses before their seventh birthday does not require more doses, regardless of spacing.

Schedule 2: A student seven years or older who has an incomplete vaccine schedule should complete the series with adult Tetanus/Diphtheria (Td). A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). The number of doses required to complete the series depends on the age of the student when the prior doses of DTaP/DT were received.

- (a) If the student was <12 months of age when the first dose was administered, a total of four doses completes the schedule. The first and second doses must be administered a minimum of four weeks apart. The second and third doses must be administered a minimum of four weeks apart. The third and fourth doses must be administered a minimum of six months apart.
- (b) If the student was ≥12 months of age when the first dose was administered, a total of three doses will complete the schedule. The first and second doses must be administered a minimum of four weeks apart. The second and third doses must be administered a minimum of six months apart.

Schedule 3: A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). The first two doses must be administered a minimum of four weeks apart. The third dose must be administered a minimum of six months following the second dose. A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given.

Diphtheria, Tetanus, Pertussis Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	2 years	4-6 years	11-12 years
	DTaP #1	DTaP #2	DTaP #3		DTaP #4			DTaP #5	Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Polio

A student must be immunized for Polio before entering a Utah school or early childhood program according to one of the following three schedules:

All IPV schedule: A student must receive four doses of Inactivated Polio Vaccine (IPV). The first three doses must be administered a minimum of four weeks apart. The final dose of IPV must be administered according to the following:

- (a) on or after the student's fourth birthday **regardless of the number of previous doses**; and
- (b) a minimum of six months after receiving the previous dose; and
- (c) before a student enters a Utah school for the first time.
- (d) if the third dose is administered on or after a student's fourth birthday, the fourth dose is not required.

NOTE: *The above schedule does not apply to polio vaccines given prior to August 7, 2009.*

If a student received both types of vaccine, four doses of any combination of IPV or OPV by 4-6 years of age is considered a complete poliovirus vaccination series.

A polio vaccination schedule begun with OPV should be completed with IPV. If only OPV were administered, and all doses were given prior to 4 years of age, one dose of IPV should be given at 4 years or older, at least 4 weeks after the last OPV dose.

NOTE: If three doses of IPV are administered, the third dose must be administered at least 6 months following the second dose.

OPV discontinued in U.S. in 2000

If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least six months after the previous dose

NOTE: *The final dose of polio vaccine given ON or AFTER August 7, 2009 must be given at a minimum age of four years AND a minimum interval of six months following the previous dose. The final dose of polio vaccine given PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of four weeks between doses three and four (the final dose does not require a minimum age of four years). A fourth dose is not necessary if the third dose was given on or after the fourth birthday AND at least six months after the previous dose.*

Polio Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	IPV #1	IPV #2	IPV #3					IPV #4	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Measles, mumps, and rubella (MMR)

A student must be immunized for Measles, Mumps, and Rubella before entering a Utah school or early childhood program.

School entry: A student attending school, *kindergarten through twelfth grade*, must receive **two** doses of measles, mumps, rubella (MMR) vaccine. The first dose must be administered **on** or **after** the student's first birthday. The second dose must be administered prior to entering kindergarten. The minimum interval between dose one and dose two is four weeks.

Early childhood program entry: A child one year of age or older attending an early childhood program must have received one dose of measles, mumps, rubella vaccine prior to entry.

NOTE: It is recommended that children receive the second dose of MMR at 4-6 years of age, however the second dose of MMR can be accepted if it was administered 4 weeks (28 days) after the first dose. If MMR vaccine is NOT administered on the same day as Varicella, a minimum of 28 days must separate the two vaccines. If two live vaccines, such as MMR and Chickenpox, are given less than 4 weeks apart, the vaccine given second should be repeated.

NOTE: If the first dose was given *before* the student's first birthday, it is not a valid dose and must be repeated.

NOTE: The 4-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same visit.

NOTE: If MMRV was administered instead of MMR, minimum interval between doses is 3 months but if the second dose of MMRV was given at least 4 weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

Measles, Mumps, Rubella (MMR)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				MMR #1				MMR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Varicella (Chickenpox)

A student must be immunized for Varicella or have a history of disease before entering a Utah school or early childhood program.

Kindergarten entry: A student entering kindergarten must be immunized for two doses of Varicella (Chickenpox) vaccine prior to kindergarten entry. The first dose must be administered **on** or **after** the student's first birthday.

Seventh grade entry: A student entering seventh grade must be immunized for two doses of Varicella (Chickenpox) vaccine prior to entering the seventh grade.

Early childhood program entry: A child one year of age or older attending an early childhood program must have received one dose of Varicella (Chickenpox) vaccine prior to entry. It is recommended that children receive the second dose of Varicella vaccine at 4-6 years of age.

NOTE: The second dose can be accepted if administered earlier than 4-6 years of age if at least 3 months have elapsed following the first dose. However, the second dose of Varicella can be accepted if it was administered at least 4 weeks following the first dose. Varicella vaccine doses administered to persons 13 years or older must be separated by 4 weeks.

**If a student has a history of Chickenpox disease, the parent/guardian must sign the Utah School Immunization Record stating the student had the disease. Parental verification is acceptable for the Varicella vaccine ONLY. All other vaccines require written documentation of immunization.

NOTE: If two live vaccines, such as MMR and Chickenpox, are given less than 4 weeks apart, the vaccine given second should be repeated. If Varicella vaccine is NOT administered on the same day as MMR, a minimum of 28 days must separate the two vaccines.

NOTE: If a child/student inadvertently received zoster vaccine rather than varicella vaccine, the dose of zoster vaccine can be counted as one dose of varicella vaccine.

NOTE: If the first dose was given *before* the student's first birthday, it is not a valid dose and must be repeated.

NOTE: The 4-day "grace period" does not apply to the 28-day interval between two live vaccines not administered at the same visit.

NOTE: If MMRV was given instead of MMR, minimum interval between doses is 3 months but if the second dose of MMRV was given at least 4 weeks after the first dose, it can be accepted as valid. MMRV is approved for children 12 months through 12 years.

Varicella (Chickenpox)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				VAR #1				VAR #2	

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Haemophilus influenzae type b (Hib)

A child less than five years of age attending an early childhood program must be immunized for Haemophilus influenzae type b (Hib) as appropriate for age.

Hib is not recommended after a child's fifth birthday and, therefore, is not a requirement for entry into kindergarten.

Recommended Schedule: The number of doses in the *primary series* depends on the type of vaccine used. Merck (Pedvax and Comvax) vaccines require a two-dose primary series (Table, Row 1), while other brands require a three-dose primary series (Table, Row 2). If more than one brand of vaccine is used for the primary series, a three-dose primary series is required. The minimum interval between Hib doses in the primary series is four weeks.

A booster dose is recommended at 12-15 months of age regardless of which vaccine brand is used for the primary series. The booster dose must be administered a minimum of eight weeks following the previous dose **and after 12 months of age.**

Haemophilus influenzae type B (Hib)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	Merck Hib #1	Merck Hib #2		Merck Hib #3 Booster					
	Other Hib #1	Other Hib #2	Other Hib #3	Other Hib #4 Booster					

 Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS

Table #1 – This Haemophilus influenzae type b schedule is for previously unvaccinated children who are seven months of age or older.

Current Age	Total Number of Doses To Be Administered	Recommended Regimen
7-11 months	3	2 doses, minimum of 4 weeks apart; booster dose after 12 months of age and a minimum of 8 weeks after previous dose
12-14 months	2	2 doses, minimum of 8 weeks apart
15-59 months	1	1 dose
60 months and older	1 or 2	Only for children with chronic illness known to be associated with an increased risk for Hib disease

Table #2 – This Haemophilus influenzae type b schedule is for children who have received previous doses of Hib, but have not completed the series. This takes into account vaccination history.

Current Age	Previous Immunization History	Recommended Regimen
7-11 months	1 dose of HbOC (HibTITER) or PRP-T (ActHIB)	2 doses, minimum of 4 weeks apart; booster dose after 12 months of age and a minimum of 8 weeks after previous dose
7-11 months	2 doses of HbOC (HibTITER) or PRP-T (ActHIB), or 1 dose of PRP-OMP (Pedvax)	1 dose; booster dose after 12 months of age and a minimum of 8 weeks after previous dose
12-14 months	1 dose before 12 months of age	2 doses, minimum of 8 weeks apart
12-14 months	2 doses before 12 months of age	1 dose, 8 weeks after previous dose
15-59 months	Any incomplete schedule	1 dose, 8 weeks after previous dose

INDIVIDUAL VACCINE REQUIREMENTS



Pneumococcal

A child less than five years of age attending an early childhood program must be immunized for Pneumococcal disease as appropriate for age.

Pneumococcal vaccine is not recommended after a child's fifth birthday and, therefore, is not a requirement for entry into kindergarten.

Recommended Schedule: Pneumococcal vaccine is recommended for routine administration at ages two, four and six months of age with a booster dose at 12-15 months. Catch-up immunization is recommended for children who may have started late or fell behind schedule, using fewer doses depending on their age (see tables on page 8). The minimum interval between doses administered to children <12 months of age is four weeks. The minimum interval between doses administered at ≥12 months of age is eight weeks. The booster dose of PCV vaccine, following the primary series, should be administered no earlier than 12 months of age **and** at least eight weeks after the previous dose.

Pneumococcal Conjugate (PCV)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
	PCV #1	PCV #2	PCV #3	PCV Booster					

 Shaded boxes indicate the vaccine can be given during age range shown.

INDIVIDUAL VACCINE REQUIREMENTS

Table #1 – This PCV schedule is for previously unvaccinated children who are seven months of age or older.

Current Age	Total Number of Doses To Be Administered	Recommended Regimen
7-11 months	3	2 doses, minimum of 4 weeks apart; booster dose after 12 months of age and a minimum of 8 weeks after previous dose
12-23 months	2	2 doses, minimum of 8 weeks apart
Healthy children 24-59 months	1	1 dose
High-risk children 24-59 months	2	2 doses, minimum of 8 weeks apart

Table #2 – This PCV schedule is for children who have received previous doses of PCV but have not completed the series. This takes into account vaccination history.

Current Age	Previous Immunization	Recommended Regimen
7-11 months	1 or 2 doses	1 dose minimum of 4 weeks after previous dose; booster dose after 12 months of age and a minimum of 8 weeks after previous dose
12-23 months	1 dose <u>before</u> 12 months of age	2 doses, minimum of 8 weeks apart
12-23 months	1 dose <u>after</u> 12 months of age	1 dose, 8 weeks after previous dose
12-23 months	2 or 3 doses <u>before</u> 12 months of age	1 dose, 8 weeks after previous dose
Healthy children 24-59 months	All doses administered <u>before</u> 12 months of age	1 dose
High-risk children 24-59 months	≥3 doses	1 dose, 8 weeks after previous dose
	<3 doses	2 doses, minimum of 8 weeks apart

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis A

A student must be immunized for Hepatitis A before entering a Utah school or early childhood program.

School entry: Two doses of Hepatitis A vaccine are required prior to kindergarten entry. The first dose must be administered **on or after** a student's first birthday. The second dose must be administered a minimum of six months after the first dose.

Early childhood program entry: A child one year of age or older attending an early childhood program must be immunized for Hepatitis A as appropriate for age prior to entry. The first dose must be administered **on or after** a child's first birthday. The second dose must be administered a minimum of six months after the first dose.

Hepatitis A

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
				Hepatitis A #1 & 2					

 Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Hepatitis B

A student must be immunized for Hepatitis B before entering a Utah school or early childhood program.

Kindergarten entry: Three doses of Hepatitis B vaccine are required prior to kindergarten entry. The first two doses must be administered a minimum of four weeks apart. The final (third or fourth) dose must be administered according to the following three conditions. All three conditions **MUST** be met.

- (a) The student (child) is/was a minimum of 24 weeks of age;
- (b) The minimum interval between dose two and three must be at least eight weeks; and
- (c) The minimum interval between dose one and dose three (final dose) must be at least 16 weeks.

NOTE: Condition (a) must be met before (b) and (c).

NOTE: For students aged 11 - 15 years, 2 doses meet the requirement (separated by at least 4 months) **if** adult hepatitis B vaccine Recombivax HB was used.

A total of four doses of Hepatitis B vaccine is recommended when a combination vaccine containing Hepatitis B is administered after the birth dose.

Seventh grade entry: A student must be immunized for Hepatitis B prior to entering the seventh grade. Immunizations previously administered according to the above schedule satisfy this requirement.

Early childhood program entry: A child attending an early childhood program must be immunized for Hepatitis B as appropriate for age prior to entry. See applicable vaccine schedule/conditions above.

Hepatitis B									
Recommended Immunization Schedule									
Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
Hepatitis B #1									
	Hepatitis B #2		Hepatitis B #3						

Shaded boxes indicate the vaccine can be given during shown age range.

INDIVIDUAL VACCINE REQUIREMENTS



Meningococcal

A student must receive one dose of Meningococcal vaccine prior to 7th grade entry.

School entry: One dose of Meningococcal vaccine is required prior to 7th grade entry.

NOTE: Only Meningococcal vaccine given after 10 years of age is acceptable for 7th grade school entry.

Meningococcal

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Meningococcal



Tetanus-diphtheria-acellular pertussis (Tdap)

A student must be immunized with a single dose of Tdap prior to 7th grade entry.

Tetanus-diphtheria-acellular pertussis (Tdap)

Recommended Immunization Schedule

Birth	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	4-6 years	11-12 years
									Tdap

Shaded boxes indicate the vaccine can be given during shown age range.

SECTION 2 SUMMARY OF REQUIREMENTS



SCHOOL ENTRY REQUIREMENTS FOR GRADES K-12

The following vaccines are required for students entering Kindergarten:

5 DTaP/DT*

4 Polio**

2 Measles, Mumps, Rubella (MMR)

3 Hepatitis B

2 Hepatitis A

2 Varicella (Chickenpox) - *history of disease is acceptable, parent must sign verification statement on school immunization record*

The following vaccines are required for students entering Seventh Grade:

1 Tdap

3 Hepatitis B

2 Varicella (Chickenpox) - *history of disease is acceptable, parent must sign verification statement on school immunization record*

1 Meningococcal

Kindergarten through Grade 12: ALL students Kindergarten through grade 12 are required to have two doses of the MMR vaccine.

***DTaP/DT- Only four doses are required if fourth dose was administered on or after the fourth birthday.**

****Polio - Only three doses are required if third dose was administered on or after the fourth birthday.**

SUMMARY OF REQUIREMENTS



PROGRESSIVE GRADE REQUIREMENTS FOR SCHOOLS ONLY

Beginning with the 1999-2000 school year, Hepatitis B became a requirement for kindergarten entry. Beginning with the 2002-2003 school year, Hepatitis A and Varicella became requirements for kindergarten entry. Beginning with the 2006-2007 school year, Hepatitis B, Tetanus/Diphtheria booster (Td), and Varicella became requirements for seventh grade entry. Beginning with the 2007-2008 school year, Tetanus/Diphtheria/Pertussis (Tdap) became a requirement for the seventh grade booster dose. Beginning with the 2015-2016 school year one dose of Meningococcal is required for the seventh grade entry and two doses of Varicella vaccine is required for seventh grade entry and kindergarten entry. Please refer to the chart below to determine which grades are required to have these immunizations.

All grade requirements are progressive, meaning that if a vaccine is required for kindergarten entry this year, it is required for kindergarten and first grade the following year, kindergarten, first, and second grades the next year, and so on.

Remember these requirements are based upon a particular grade cohort or group. If a child repeats a grade, the child is subject to the requirements of the new grade, even if the child's birth date is not in the range for requirement.

Hepatitis A, Hepatitis B, Varicella , MMR, Polio, DTaP*/Td

<u>School Year</u>	<u>Grades Required</u>
2016-2017	K-12th

* DTaP is required for kindergarten entry. A student seven years or older who has not received any of the DTaP/DT vaccines must receive three doses of adult Tetanus/Diphtheria (Td). A single dose of Tdap should be substituted for one of the doses in the Td series, if not previously given.

Varicella (Chickenpox)

<u>School Year</u>	<u>Grades Required</u>
2016-2017	Kindergarten-1st
2016-2017	7th-8th

*STUDENTS IN ALL OTHER GRADES ARE REQUIRED TO HAVE ONE DOSE OF THE VARICELLA (CHICKENPOX) VACCINE.

Tdap

<u>School Year</u>	<u>Grades Required</u>
2016-2017	7th-12th

Meningococcal

<u>School Year</u>	<u>Grades Required</u>
2016-2017	7th-8th

SUMMARY OF REQUIREMENTS



EARLY CHILDHOOD PROGRAM REQUIREMENTS

As of July 1, 2008, children enrolled in early childhood programs must be immunized appropriately for age with the following immunizations:

- Diphtheria, Tetanus, Pertussis (DTaP)
- Measles, Mumps, Rubella (MMR)
- Polio
- Haemophilus influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Varicella (Chickenpox)
- Pneumococcal



MINIMUM AGE AND MINIMUM INTERVALS

The timing and spacing of vaccine doses are two of the most important issues in the appropriate use of vaccines. Using an accelerated vaccine schedule may be necessary for children who have fallen behind schedule and need to be brought up-to-date quickly. Accelerated schedules should not be used routinely.

Vaccine doses should not be administered at intervals less than the minimum interval or earlier than the minimum ages listed in the following table.

SUMMARY OF REQUIREMENTS

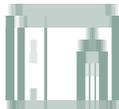


MINIMUM AGE AND MINIMUM INTERVALS

This table should be used to determine minimum intervals for “catching up” children who have fallen behind. Otherwise, the recommended schedule should be used.

VACCINE	Minimum AGE Dose 1	Minimum INTERVAL Dose 1 to 2	Minimum INTERVAL Dose 2 to 3	Minimum INTERVAL Dose 3 to 4	Minimum INTERVAL Dose 4 to 5
DTaP/DTP/DT	6 weeks	4 weeks	4 weeks	6 months <i>NOTE: For auditing purposes only — dose 4 need not be repeated if given at least 4 months after dose 3.</i>	6 months
Polio	6 weeks	4 weeks	4 weeks	6 months (final dose must be given on or after the fourth birthday AND 6 months from the previous dose)	
MMR	12 months	4 weeks	If the first dose of MMR is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis B	birth	4 weeks	8 weeks (child must be at least 24 weeks of age)	There must be 16 weeks between dose 1 and 3.	
Hib	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at 12-14 months No further doses needed If first dose given at ≥15 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months and second dose given at <15 months No further doses needed If previous dose given at ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months - 5 years who received 3 doses before 12 months. Last dose should not be given earlier than 12 months and a minimum of 8 weeks after previous dose.	<i>NOTE: Schedule may vary according to child's current age and previous number of doses received.</i>
Varicella (Chickenpox)	12 months	3 months (Children >13 years of age need 2 doses, 4 weeks apart.)	If the first dose of Varicella is given <u>before</u> the first birthday, it must be repeated.		
Hepatitis A	12 months	6 months			
Pneumococcal Conjugate (PCV)	6 weeks	4 weeks If first dose given at <12 months 8 weeks (as final dose) If first dose given at ≥12 months or current age 24-59 months No further doses needed for healthy children if first dose given at ≥24 months	4 weeks If current age <12 months 8 weeks (as final dose) If current age ≥12 months No further doses needed for healthy children if previous dose given at ≥24 months	8 weeks (as final dose) This dose necessary for children age 12 months - 5 years who received 3 doses before age 12 months.	<i>NOTE: One supplemental dose of Prevnar 13 vaccine is recommended for healthy children 14-59 months of age who have completed the 4-dose series with Prevnar 7 AND for children with underlying medical conditions through 71 months of age. Schedule may vary according to child's current age and previous number of doses received.</i>
Tetanus/Diphtheria/Pertussis (Tdap)	A single dose of Tdap is recommended at 11-12 years of age, regardless of interval since the last tetanus/diphtheria-containing vaccine. Td boosters should be administered every ten years thereafter.				
Meningococcal	11-12 years	8 weeks			

SECTION 3 EXEMPTION POLICY



CLAIMING AN EXEMPTION

A parent may claim an exemption to an immunization for medical, religious, or personal reasons, as allowed by Section 53A-11-302 of the Utah Statutory Code. Each exemption claimed must be accompanied by the appropriate Utah Department of Health Exemption Form. Exemption forms can only be used for enrollment in early childhood programs and public, private, charter, and parochial schools for kindergarten through twelfth grade. Exemptions and exemption forms do not apply to college/university attendance. See sample exemption forms in Appendix E starting on page 42.

MEDICAL EXEMPTION: If a parent/guardian claims a medical exemption for a student, a Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or for all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to the student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Health care providers may obtain the Medical Exemption Form by contacting the Utah Immunization Program at (801) 538-9450.

RELIGIOUS EXEMPTION: If a parent/guardian claims a religious exemption for a student, a Religious Exemption Form must be completed and signed by the parent/guardian. The Religious Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Religious Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to the student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

PERSONAL EXEMPTION: If a parent/guardian claims a personal exemption for a student, a Personal Exemption Form must be completed and signed by the parent/guardian. The Personal Exemption Form may be obtained from a local health department. A local health department representative must witness and sign the Personal Exemption Form giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to the student's Utah School Immunization Record as part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school.

Local Health Departments may obtain both the Personal and Religious Exemption Forms by contacting the Utah Immunization Program at (801) 538-9450.

SECTION 4 ANNUAL REPORTS



DUE DATES

Each year, the Utah Immunization Program, in conjunction with the Centers for Disease Control and Prevention (CDC) requires that schools (public, private, charter, and parochial), and early childhood programs (nursery or preschools, licensed day care centers, child care facility, family home care, and Head Start Programs) submit data regarding the immunization status of children currently enrolled. These reports reflect the current requirements in accordance with CDC guidelines. **All reports must be completed online.** The Utah Department of Health will prescribe the information needed for each of the listed reports and instructions for completion.

THE DUE DATES ARE AS FOLLOWS:

NOVEMBER 30 OF EACH YEAR:

- (a) *KINDERGARTEN SUMMARY REPORT* – statistical report of the immunization status of all kindergarten children in any school setting (public, private, charter, or parochial).
- (b) *SECOND DOSE MMR REPORT* – statistical report of the two-dose Measles, Mumps, and Rubella immunization status of all students kindergarten through grade 12.
- (c) *SEVENTH GRADE SUMMARY REPORT* – statistical report of the Hepatitis B, Tdap, Meningococcal, and Varicella status of all seventh grade students in any setting (public, private, charter, or parochial).
- (d) *EARLY CHILDHOOD PROGRAM REPORT* – statistical report of the immunization status of all children in an early childhood program (nursery or preschools, licensed day care centers, child care facility, family home care, and Head Start Programs).

OTHER REQUIREMENTS:

- (a) *YEAR-END REPORTS – DUE JUNE 15th of each year* – public, private, charter, or parochial schools that report students as “conditional admission” or “out-of-compliance” on the November report will be required to submit a year-end report. This report will track those students to determine if they were immunized by the end of the school year. The Utah Immunization Program will collect the information and submit it to the Utah State Office of Education (USOE) to determine weighted pupil unit funds for each public school district in accordance with USOE policies and Utah Statutory Code (Section 53A-11-301).
- (b) *AUDITS* – Periodic audits of schools and/or early childhood programs may be conducted by local or state health department representatives for record review to ensure children meet the immunization requirements. The goal of these audits is to assure adequate protection of Utah’s children while improving immunization procedures. A major emphasis of these visits is to provide assistance in solving any problems.

SECTION 4 ANNUAL REPORTS



DEFINITIONS

The following are **definitions** which are used in the **Annual Reports**.

1. **ADEQUATE FOR SCHOOL ENTRY** – any student who is appropriately immunized for all school entry requirements. History of disease is acceptable if a student has had the chickenpox disease.
2. **CONDITIONAL ADMISSION** – a student who has received at least one dose of each required vaccine and is currently on schedule for subsequent immunizations. If the immunization is one month past due, the student will be considered “not-in-compliance” and the exclusion process must begin.
3. **EARLY CHILDHOOD PROGRAM** – a nursery or preschool, licensed day care center, child care facility, family home care, or Head Start Program.
4. **COMPLIANT FOR EARLY CHILDHOOD PROGRAM ENTRY** - Any child who has received all of the doses of each required vaccine appropriate for his/her age. History of disease is acceptable if a child has had the chickenpox disease.
5. **EXEMPTION** – a relief from the statutory immunization requirements by reason of medical, religious, or personal reasons as defined in Section 53A-11-302 and 302.5 of the Utah Administrative Code.
6. **NOT-IN-COMPLIANCE** – a student/child meeting any one of the following conditions:
 - (a) has received fewer than the required number of doses, and is one month past due for subsequent immunizations, or
 - (b) has received one or more doses at less than the minimum interval or less than the minimum age, or
 - (c) has not received any doses of the required immunizations and has not claimed an exemption, or
 - (d) has no immunization record or another state’s official school immunization record.
7. **SCHOOL** – a school is any public, private, charter, parochial, kindergarten, elementary or secondary educational facility through grade 12.
8. **SCHOOL ENTRY** – a student, at any grade, entering a Utah school or early childhood program for the first time.
9. **APPROPRIATE FOR AGE**– any child who has received all of the doses of each vaccine appropriate for his/her age. This is primarily used in Early Childhood Program settings.

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APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

UTAH STATUTORY CODE

Utah Code – Statutes and Constitution

Title 53 A – State System of Public Education

Chapter 11 – Students in Public Schools

53A-11-301. Certificate of immunization required.

- (1) Unless exempted for personal, medical, or religious objections as provided in Section 53A-11-302, a student may not attend a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family care home, or Head Start program in this state unless there is presented to the appropriate official of the school a certificate of immunization from a licensed physician or authorized representative of the state or local health department stating that the student has received immunization against communicable diseases as required by rules adopted under Section 53A-11-303.
- (2) School districts may not receive weighted pupil unit monies for a student unless the student has obtained a certificate of immunization under this section or qualifies for conditional enrollment or an exemption from immunization under Section 53A-11-302.

1992

53A-11-302. Immunizations required -- Exceptions -- Grounds for exemption from required immunizations.

- (1) A student may not enter school without a certificate of immunization, except as provided in this section.
- (2) A student who at the time of school enrollment has not been completely immunized against each specified disease may attend school under a conditional enrollment if the student has received one dose of each specified vaccine prior to enrollment.
- (3) A student is exempt from receiving the required immunizations if there is presented to the appropriate official of the school one or more of the following:
 - (a) a certificate from a licensed physician stating that due to the physical condition of the student one or more specified immunizations would endanger the student's life or health;
 - (b) a completed form obtained at the local health department where the student resides, providing:
 - (i) the information required under Subsection 53A-11-302.5(1); and
 - (ii) a statement that the person has a personal belief opposed to immunizations, which is signed by one of the individuals listed in Subsection 53A-11-302(3)(c) and witnessed by the local health officer or his designee; or
 - (iii) a statement that the person is a bona fide member of a specified, recognized religious organization whose teachings are contrary to immunizations, signed by one of the following persons:
 - (i) one of the student's parents;
 - (ii) the student's guardian;
 - (iii) a legal age brother or sister of a student who has no parent or guardian; or
 - (iv) the student, if of legal age.

1992

53A-11-302.5. Personal belief immunization exemption.

- (1) The Department of Health shall provide to all local health departments a form to be used by persons claiming an exemption from immunization requirements based on a personal belief opposed to immunization. The form shall include a statement printed on the form and drafted by the Department of Health stating the Department's position regarding the benefits of immunization.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

The form shall require, at a minimum:

- (a) a statement claiming exemption from immunizations required under Section 53A-11-302, signed by a person listed under Subsection 53A-11-302(3)(c);
 - (b) the name and address of the person who signs the form;
 - (c) the name of the student exempted from immunizations; and
 - (d) the school at which the student is enrolling.
- (2) (a) The Department of Health shall provide these forms to the local health departments.
(b) Local health departments shall make the forms available to the public upon request.
 - (3) (a) A student enrolling in a school and who claims exemption from immunizations based on a personal belief shall complete the form described in Subsection (1) and provide it to the school officials at the school in which the student is enrolling.
(b) Students who prior to July 1, 1992, claimed an exemption from immunizations based on personal beliefs shall prior to December 1, 1992, complete the form described in Subsection (1) and provide it to the appropriate official of the school the student attends. 1992

53A-11-303. Regulations of department.

- (1) The Department of Health shall adopt rules to establish which immunizations are required and the manner and frequency of their administration.
- (2) The rules adopted shall conform to recognized standard medical practices.
- (3) The rules shall require the reporting of statistical information and names of non-compliers by the schools. 1988

53A-11-304. Certificate part of student's record -- Forms for certificates -- Transfer of immunization record to official certificate.

- (1) Each school shall retain official certificates of immunization for every enrolled student. The certificate becomes a part of the individual student's permanent school record and follows the student through his or her public or private school career.
- (2) The Department of Health shall provide official certificate of immunization forms to public and private schools, physicians, and local health departments. The forms referred to in this subsection shall include a clear statement of the student's rights under Section 53A-11-302.
- (3) Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by a school official as a certificate of immunization if the type of immunization given and the dates given are specified and the information is transferred to an official certificate of immunization and verified by the school district in which the public or private school is located. 1988

53A-11-305. Immunization by local health departments -- Fees.

- (1) If a student has not been immunized against a disease specified by the Department of Health, he may be immunized by the local health department upon the request of his parent or guardian, or upon the student's request if he is of legal age. The local health department may charge a fee to cover the cost of administration of the vaccine.
- (2) The vaccine necessary for immunizations required under Sections 53A-11-301 and 53A-11-303 shall be furnished to local departments of health by the Department of Health. The Department of Health may recover all or part of the cost of vaccines purchased with state funds by charging local health departments a fee for those vaccines. Local health departments may pass the cost of the vaccine on

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

to the student, his parent or guardian, or other responsible party. However, a child may not be refused immunizations by the local health department in his area of residence because of inability to pay.

- (3) The Department of Health shall establish the fee for administration of vaccines, as provided by Subsection (1), and shall establish fees for vaccines.

1988

53A-11-306. Conditional enrollment -- Suspension for noncompliance -- Procedure.

- (1) Conditional enrollment time periods may be modified by the Department by legally adopted rules.
- (2) The requirements for conditional enrollment shall apply to each student unless that student is exempted under Section 53A-11-302.
- (3) After five days written notice of a pending suspension and of the student's rights under Section 53A-11-302 shall be mailed to the last-known address of a parent, guardian, or legal age brother or sister of a student who is without parent or guardian, the governing authority of any school shall prohibit further attendance by a student under a conditional enrollment who has failed to obtain the immunization required within time period set forth in Section 53A-11-302 or otherwise established by rule.
- (4) Parents or guardians of children who are prohibited from attending school for failure to comply with the provisions of this part shall be referred to the juvenile court.

53A-11-1402. Educational records and enrollment -- Military children.

- (1) (a) If the parent or legal guardian of a military child (legally residing in the home of an active duty service member or whose parent or legal guardian is an active-duty service member) requests an official education record and the school is unable to release the official education record, the school shall provide the parent or guardian of the military child with an unofficial education record.
(b) If a school requires an official education record in order to enroll a student, the school shall enroll and appropriately place a military child based on information in an unofficial record pending validation by an official record.
- (2) (a) Notwithstanding Subsection 53A-11-504(1), a school that enrolls a military child shall request a certified copy of a military child's official education record, directly from the military child's previous school, simultaneous with enrolling the military child.
(b) Notwithstanding Subsection 53A-11-504(2)(a), if a school receives a request to forward a certified copy of a military child's official education record, the school shall comply within ten days of the request.
- (3) Notwithstanding Subsection 53A-3-402(6), a local school board shall enroll a military child who is not five years of age before September 2 of the year in which admission is sought if the military child was previously enrolled and attended a public school in kindergarten or a higher grade as a resident in another state.
- (4) (a) Notwithstanding Subsection 53A-11-302(2), a military child who at the time of school enrollment has not been completely immunized against each specified disease may attend under a conditional enrollment, and shall be given 30 days from the day of enrollment to obtain:
 - (i) each specified vaccine if the specified vaccine only requires one dose; and
 - (ii) at least the first dose of a specified vaccine, if the specified vaccine is a series of vaccines.
(b) Except as provided in Subsection (4)(a), a military child is subject to rules developed by the Utah Health Department in accordance with Section 53A-11-302.

Note: "Active duty" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve on active duty orders pursuant to 10 U.S.C. Sections 1209 and 1211.

Enacted by Chapter 277, 2009 General Session

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UTAH IMMUNIZATION RULE FOR STUDENTS

R396. Health, Family Health Services, Child Health.

R396-100. Immunization Rule for Students.

R396-100-1. Purpose and Authority.

- (1) This rule implements the immunization requirements of Title 53A, Chapter 11, Part 3. It establishes minimum immunization requirements for attendance at a public, private, or parochial kindergarten, elementary, or secondary school through grade 12, nursery school, licensed day care center, child care facility, family home care, or Head Start program in this state. It establishes:
 - (a) required doses and frequency of vaccine administration;
 - (b) reporting of statistical data; and
 - (c) time periods for conditional enrollment.
- (2) This rule is required by Section 53A-11-303 and authorized by Section 53A-11-306.

R396-100-2. Definitions.

As used in this rule:

“Department” means the Utah Department of Health.

“Early Childhood Program” means a nursery or preschool, licensed day care center, child care facility, family care home, or Head Start program.

“Exemption” means a relief from the statutory immunization requirements by reason of qualifying under Sections 53A-11-302 and 302.5.

“Parent” means a biological or adoptive parent who has legal custody of a child; a legal guardian, or the student, if of legal age.

“School” means a public, private, or parochial kindergarten, elementary, or secondary school through grade 12.

“School entry” means a student, at any grade, entering a Utah school or an early childhood program for the first time.

“Student” means an individual enrolled or attempting to enroll in a school or early childhood program.

R396-100-3. Required Immunizations.

- (1) A student born before July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, and Rubella.
- (2) A student born after July 1, 1993 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, and Hepatitis B.
- (3) A student born after July 1, 1993 must also meet the minimum immunization requirements of the ACIP prior to entry into the seventh grade for the following antigens: Tetanus, Diphtheria, Pertussis, Varicella, and Meningococcal.
- (4) A student born after July 1, 1996 must meet the minimum immunization requirements of the ACIP prior to school entry for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis B, Hepatitis A, and Varicella.
- (5) To attend a Utah early childhood program, a student must meet the minimum immunization requirements

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

of the ACIP for the following antigens: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Haemophilus Influenza Type b, Hepatitis A, Hepatitis B, Pneumococcal, and Varicella prior to school entry.

- (6) The vaccinations must be administered according to the recommendations of the United States Public Health Service's Advisory Committee on Immunization Practices (ACIP) as listed below which are incorporated by reference into this rule:
- (a) General Recommendations on Immunization: MMWR, December 1, 2006/Vol. 55/No. RR-15;
 - (b) Immunization of Adolescents: MMWR, November 22, 1996/Vol. 45/No. RR-13;
 - (c) Combination Vaccines for Childhood Immunization: MMWR, May 14, 1999/Vol. 48/No. RR-5;
 - (d) Use of Diphtheria Toxoid-Tetanus Toxoid-Acellular Pertussis Vaccine as a Five-Dose Series: Supplemental Recommendations of the Advisory Committee on Immunization Practices: MMWR November 17, 2000/Vol. 49/No. RR-13;
 - (e) Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis (Tdap) Vaccine from the Advisory Committee on Immunization Practices, 2010: MMWR, January 14, 2011/Vol. 60/No. 1;
 - (f) A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: MMWR, December 23, 2005/Vol. 54/No. RR-6;
 - (g) Haemophilus b Conjugate Vaccines for Prevention of Haemophilus influenzae Type b Disease Among Infants and Children Two Months of Age and Older: MMWR, January 11, 1991/Vol. 40/No. RR-1;
 - (h) Recommendations for Use of Haemophilus b Conjugate Vaccines and a Combined Diphtheria, Tetanus, and Pertussis, and Haemophilus b Vaccine: MMWR, September 17, 1993/Vol. 42/No. RR-13;
 - (i) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) for the Control and Elimination of Mumps: MMWR, June 9, 2006/Vol. 55/No. RR-22;
 - (j) Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP) Regarding Routine Poliovirus Vaccination: MMWR, August 7, 2009/Vol. 58/No. 30;
 - (k) Prevention of Varicella: MMWR, June 22, 2007/Vol. 56/No. RR-4;
 - (l) Prevention of Hepatitis A Through Active or Passive Immunization: MMWR, May 29, 2006/Vol. 55/No. RR-7;
 - (m) Licensure of a 13-Valent Pneumococcal Conjugate Vaccine (PCV13) and Recommendations for Use Among Children—Advisory Committee on Immunization Practices, (ACIP), 2010: MMWR March 12, 2010/Vol. 59/No. 09; and
 - (n) Prevention and Control of Meningococcal Disease: Recommendations of the Advisory Committee on Immunization Practices (ACIP): March 22, 2013/62(RR02);1-22.

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

R396-100-4. Official Utah School Immunization Record (USIR).

- (1) Schools and early childhood programs shall use the official Utah School Immunization Record (USIR) form as the record of each student's immunizations. The Department shall provide copies of the USIR to schools, early childhood programs, physicians, and local health departments upon each of their requests.
- (2) Each school or early childhood program shall accept any immunization record provided by a licensed physician, registered nurse, or public health official as certification of immunization. It shall transfer this information to the USIR with the following information:
 - (a) name of the student;
 - (b) student's date of birth;
 - (c) vaccine administered; and
 - (d) the month, day, and year each dose of vaccine was administered.
- (3) Each school and early childhood program shall maintain a file of the USIR for each student in all grades and an exemption form for each student claiming an exemption.
 - (a) The school and early childhood programs shall maintain up-to-date records of the immunization status for all students in all grades such that it can quickly exclude all non-immunized students if an outbreak occurs.
 - (b) If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either:
 - (i) return the USIR and any exemption form to the parent of a student; or
 - (ii) transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program.
- (4) A representative of the Department or the local health department may examine, audit, and verify immunization records maintained by any school or early childhood program.
- (5) Schools and early childhood programs may meet the record keeping requirements of this section by keeping its official school immunization records in the Utah Statewide Immunization Information System (USIIS).

R396-100-5. Exemptions.

A parent claiming an exemption to immunization for medical, religious or personal reasons, as allowed by Section 53A-11-302, shall provide to the student's school or early childhood program the required completed forms. The school or early childhood program shall attach the forms to the student's USIR.

R396-100-6. Reporting Requirements.

- (1) Each school and early childhood program shall report the following to the Department in the form or format prescribed by the Department:
 - (a) by November 30 of each year, a statistical report of the immunization status of students enrolled in a licensed day care center, Head Start program, and kindergartens;
 - (b) by November 30 of each year, a statistical report of the two-dose measles, mumps, and rubella immunization status of all kindergarten through twelfth grade students;
 - (c) by November 30 of each year, a statistical report of tetanus, diphtheria, pertussis, hepatitis B, varicella, and the two-dose measles, mumps, and rubella immunization status of all seventh grade students; and

APPENDIX A – UTAH IMMUNIZATION STATUTES AND RULES

- (d) by June 15 of each year, a statistical follow-up report of those students not appropriately immunized from the November 30 report in all public schools, kindergarten through twelfth grade.
- (2) The information that the Department requires in the reports shall be in accordance with the Centers for Disease Control and Prevention guidelines.

R396-100-7. Conditional Enrollment and Exclusion.

A school or early childhood program may conditionally enroll a student who is not appropriately immunized as required in this rule. To be conditionally enrolled, a student must have received at least one dose of each required vaccine and be on schedule for subsequent immunizations. If subsequent immunizations are one calendar month past due, the school or early childhood program must immediately exclude the student from the school or early childhood program.

- (1) A school or early childhood program with conditionally enrolled students shall routinely review every 30 days the immunization status of all conditionally enrolled students until each student has completed the subsequent doses and provided written documentation to the school or early childhood program.
- (2) Once the student has met the requirements of this rule, the school or early childhood program shall take the student off conditional status.

R396-100-8. Exclusions of Students Who Are Under Exemption and Conditionally Enrolled Status.

- (1) A local or state health department representative may exclude a student who has claimed an exemption to all vaccines or to one vaccine or who is conditionally enrolled from school attendance if there is good cause to believe that the student has a vaccine preventable disease, or
 - (a) has been exposed to a vaccine-preventable disease; or
 - (b) will be exposed to a vaccine-preventable disease as a result of school attendance.
- (2) An excluded student may not attend school until the local health officer is satisfied that a student is no longer at risk of contracting or transmitting a vaccine-preventable disease.

R396-100-9. Penalties.

Enforcement provisions and penalties for the violation or for the enforcement of public health rules, including this Immunization Rule for Students, are prescribed under Section 26-23-6. A violation is punishable as a class B misdemeanor on the first offense, a class A misdemeanor on the second offense or by civil penalty of up to \$5,000 for each violation.

KEY: Immunization, Rules and Procedures

Date of Last Substantive Amendment: December 2014

Notice of Continuation: June 28, 2013

Authorizing, and Implemented or Interpreted Law: 53A-11-303; 53A-11-306

APPENDIX B – FREQUENTLY ASKED QUESTIONS



ADMISSION/ENTRY

1. What records are required for school or early childhood program entry?

All children enrolled in a school or early childhood program **MUST** have an immunization record which documents all required vaccines received. Before a child enters a school or early childhood program, parents must present the student's immunization record with the following information:

- (a) the **name** of each required vaccine;
- (b) the **date** (*month/day/year*) of each dose received;
- (c) **written verification** of all doses by a physician, clinic, or other authorized medical provider.

2. How can a student be admitted/enrolled to a school or early childhood program conditionally?

To be conditionally admitted/enrolled, a student **MUST** have received at least one dose of each required vaccine and be on schedule for the next immunization. If the subsequent immunization is one month past due, the student will be considered not-in-compliance and the process to exclude the student from school or early childhood program must begin. (In summary, if a student is eligible to receive ANY vaccines, the student should not be enrolled until the next dose(s) are received).

3. Are transfer students required to provide immunization documentation before being admitted into a new school?

Yes. Before entry, all children transferring from one Utah school to another or from schools outside Utah to a Utah school are required to provide the new school with the appropriate immunization information. Please use common sense when working with other schools to ensure immunization records are transferred in a timely manner.

4. What about homeless students?

Homeless students are like any other student in your school. They are also required to have immunization records. The McKinney-Vento Homeless Assistance Act (re-authorized Dec. 2001), offers guidelines to assist you.

1. The school selected shall immediately enroll the child/youth in school, even if the child or youth lacks records normally required for enrollment, such as previous academic records, medical records, proof of residency or other documentation. [Sec. 722 (g)(3)(C)(i)].
2. If a child or youth lacks immunizations or immunization records, the enrolling school must refer the parent/guardian to the liaison, who shall help obtain necessary immunizations or immunization records [Sec. 722 (g)(3)(C)(iii)].

Please work closely with your school district's liaison and use your best judgment to ensure these students receive the education they are entitled to and also receive immunizations they need in order to be protected from vaccine-preventable diseases. Collaboration will continue with the Utah State Office of Education to ensure school districts do not have weighted pupil units withheld for homeless students if there have been concerted efforts to obtain immunizations or immunization records for them. Many of these homeless students have no insurance, and are eligible to receive low- or no-cost immunizations through local health departments using vaccine provided by the Vaccines for Children (VFC) Program. For information on the Utah VFC Program call (801) 538-9450.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



EXEMPTIONS

1. Are there any allowable exemptions?

Yes. The Utah Immunization Rule for Students allows an exemption to be claimed for medical, religious, or personal reasons. Exemption forms can only be used for enrollment in early childhood programs or public, private, charter, and parochial schools for kindergarten through twelfth grade. Exemptions and exemption forms do not apply to college/university attendance. Please see section 3 in this guidebook for specific procedures to be followed to claim an exemption. See sample exemption forms in Appendix E starting on page 41.

2. Are exempted children to be excluded from school in the event of an outbreak?

Yes. In the event of an outbreak, children who are conditionally enrolled or those who have claimed an exemption and have not received the immunization for which there is an outbreak are to be encouraged to complete immunizations or are to be excluded from school. These children are at most risk for contracting a vaccine-preventable disease. Refer to Appendix A, Section R396-100-8, page 26, “Utah Immunization Rule for students (Section R396-100-8).”



IMMUNIZATION RECORD REVIEW AND REPORTING

1. Can a school or early childhood program maintain immunization records in a computer database ONLY?

No. According to the Utah Immunization Rule for Students (R396-100-4), the Utah School Immunization Record (USIR), is the official school immunization record for all students who are enrolled in any early childhood program, public, private, charter, or parochial school. This USIR card is to be used to verify a student’s immunization status. The Utah Statewide Immunization Information System (USIIS) provides a way for schools and other facilities to have access to immunization records statewide and to track and record immunizations. A school or early childhood program facility may enroll to use USIIS and print out the USIR for the student’s file from USIIS. Unless a school or early childhood program enrolls and uses USIIS, a USIR card shall be completed and placed in the student’s cumulative file. If a school has a database, it may be used to track student follow-up and may generate reports if it is done correctly. However, a USIR card must be in each student’s cumulative file as a backup. A print out from the database is not acceptable. For questions about USIIS or to enroll your school or program in USIIS, please contact the Utah Immunization Program at (801) 538-9450.

2. Where can I get USIR cards?

We are in the process of transitioning to have the USIR card available only on-line at our website www.immunize-utah.org . You can now print the USIR card from our website.

In the mean time, the Utah Immunization Program will supply the USIR free of charge to all early childhood programs, public, private, charter, and parochial schools, as well as physicians and local health departments upon each of their requests. You may place an order on our website at www.immunize-utah.org. For assistance feel free to contact the Utah Immunization Program at 801-538-9450.

3. What about the Utah School Immunization Record (USIR) Card filling?

Schools must use the most current version of the USIR card (12/2014) for students entering kindergarten, 7th grade and students transferring from another state. If an existing student has an older version of the USIR

APPENDIX B – FREQUENTLY ASKED QUESTIONS

and the student is required to have a vaccine that is not on the USIR on file, schools must use the most current USIR (12/2014) and transfer all the old information onto the most current version of USIR.

Schools can only staple the exemption form to the USIR card not another USIR.

4. A child received vaccinations in another country. Can those records be accepted?

They can be accepted IF the same dosing schedule that is used in the United States was used. Often, foreign countries use a different schedule than in the U.S. The Utah Immunization Rule is based on the schedule that is used in the U.S.

5. Is a school-age student attending an early childhood program required to have an immunization record on file at that facility?

Yes. A current immunization record must be maintained on EVERY child attending an early childhood program.

6. Are schools required to maintain immunization records for preschool children?

Yes. Preschool children attending a public or private school must have an immunization record on file with the school.

7. A parent is adamant that his/her child has been vaccinated, but cannot provide written documentation. Can the child be admitted into school or an early childhood program?

No. Children without immunization records cannot be admitted. It is the parent/guardian's responsibility to have written documentation of each child's immunization status. If the record cannot be located, the child should be vaccinated in an age-appropriate manner with one dose of each required vaccine. The child may be "conditionally admitted" and the facility has the responsibility to follow up to ensure that written records or additional vaccines are received according to schedule.

8. A parent has a partial record and/or statement signed by a physician stating, "All doses received," "Complete," "Up To Date," "Primary series complete," or other similar statements. Can this be accepted as proof of immunization?

No. Statements regarding immunizations which do not contain complete dates for all doses received are NOT adequate for attendance. The parent should contact their health care provider and request a new record documenting all vaccinations and dates administered.

9. What is the four-day grace period?

The four-day grace period was implemented in the 2002 General Recommendations from the U.S. Advisory Committee on Immunization Practices. The four-day grace period should be used for auditing purposes only. It allows the record reviewer to give a four-day grace period if a dose of any vaccine was given too early. Four days is the limit. It is not to be used to schedule succeeding doses of vaccine. It is to be used with discretion and with the understanding it is for auditing purposes only. *The 4 day "grace period" should not be applied to the 28-day interval between live vaccines not administered at the same visit.*

10. When should immunization records be reviewed to determine those students who are "not-in-compliance?"

The time to first assess a child's immunization status is upon entry into a school or early childhood program. At that time, a "log" could be established to serve as a reminder about children needing additional doses of vaccine at a later date. This would provide the facility an easy method to determine those students "not-in-compliance" based on their own system. The Utah Statewide Immunization Information System (USIIS) also provides reports of those who need immunization.

APPENDIX B – FREQUENTLY ASKED QUESTIONS

11. How about special education students and annual immunization reports?

Students in special education programs should follow requirements for whichever grade they are in. If these students are not associated with a specific grade, they should follow the requirements for students who are about the same age.

Students over 18 years of age in a special education program who have not completed high school should follow the immunization requirements for students who are about the same age. All these students must be included in the annual immunization reports.

Schools should not include post high school students enroll in special programs in the annual immunization reports .

12. Can a titer be accepted instead of vaccination?

No. Titers cannot be accepted as proof of immunity.

According to Dr. Greg Wallace, CDC, National Immunization Program, “Serologic testing is expensive, time consuming, and difficult to interpret. Many of the tests require specialized laboratories and that blood be drawn in a defined time period after vaccination.”

13. The immunization record shows that some vaccines were given at intervals longer than those recommended. Do these vaccines need to be repeated?

No. All doses given at intervals *longer* than recommended are valid doses. A longer interval does not affect the effectiveness of a vaccine.

14. How does Utah determine the required immunization schedule?

Utah’s Immunization Rule for Students is based upon the “Recommended Childhood Immunization Schedule” published by the Centers for Disease Control and Prevention (CDC). This schedule is developed from the recommendations of the National Advisory Committee on Immunization Practices (ACIP). The ACIP includes representatives from both the public health and the private medical sectors, including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). To establish Utah’s requirements, the Utah Scientific Vaccine Advisory Committee evaluates the ACIP recommendations and determines their appropriateness/feasibility to Utah’s unique situations and makes recommendations to the Utah Department of Health as to which immunizations should be required for school entry.

15. Why must vaccines be repeated if received before the minimum age or interval?

Children who receive vaccines before the minimum age or interval may not develop an adequate antibody response to the immunization. Therefore, even though a child physically received a “shot,” it may have been ineffective in protecting the child against disease. By consistently maintaining the minimum age and interval requirement for all vaccines, children are more likely to develop adequate immunity. Refer to the minimum age and interval chart on page 15.

16. If a dose of DTaP or Tdap is inadvertently given to a child/student for whom the product is not indicated (e.g., wrong age group), how do we rectify the situation?

- a. Tdap given to a child younger than age 7 years as either dose 1, 2, or 3, is NOT valid. Repeat with DTaP as soon as feasible.
- b. Tdap given to a child younger than age 7 years as either dose 4 or 5 can be counted as valid for DTaP dose 4 or 5.
- c. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.



COMPLIANCE ISSUES

1. What criteria are used to determine if a student is in compliance with Utah's immunization requirements?

In order to determine if a child meets the requirements of the Utah Immunization Rule for Students, the following must be considered:

- (a) the student's age;
- (b) whether the student is in a school or early childhood program (requirements may differ depending on which facility the student is attending; i.e., Hib is not required for entry into kindergarten).
- (c) whether the student's immunization history indicates:
 - (i) verification by a medical provider (health care provider signature or health clinic stamp)
 - (ii) month, day, and year each vaccine was administered.
 - (iii) sufficient spacing intervals between doses.

These variables make it difficult to describe all possible situations which a school or early childhood program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which cannot be answered by this guidebook, please call the Utah Immunization Program for consultation.

program might encounter in its efforts to maintain compliance with the regulations and limit the spread of vaccine-preventable diseases. If you have specific questions which cannot be answered by this guidebook, please call the Utah Immunization Program for consultation.

2. Who is responsible for proper immunization compliance?

Parents/Guardians:

- (a) are responsible for obtaining all age-appropriate immunizations for their children and providing valid immunization records to the school or early childhood program.

Principal/Early Childhood Program Official:

- (a) has the ultimate responsibility to ensure students attending school or early childhood programs are in compliance with Utah's immunization requirements; this includes assuring valid immunization records are complete and on file at the school or early childhood program and that follow-up for additional information (records or doses) is accomplished when necessary.
- (b) shall exclude those students who are out-of-compliance after notifying the parent or guardian that the student is out-of-compliance and will be excluded from school.
- (c) is responsible to ensure the annual immunization reports are submitted to the Utah Department of Health. See Section 6 starting on page 49 for information regarding annual reports.

APPENDIX B – FREQUENTLY ASKED QUESTIONS



RESOURCES

1. Where can I find more information about immunizations?

Contact the Utah Immunization Program or visit our website at www.immunize-utah.org. This guidebook is available on the website. Please visit the website periodically to learn more about the latest on immunization issues.

Utah Immunization Program

Phone (801) 538-9450 or Fax (801)538-9440 Immunization Hotline: 1-800-275-0659

The address is:

Utah Immunization Program

288 North 1460 West

P.O. Box 142012

Salt Lake City, Utah 84114-2012

2. Are there other sources for information available on the internet?

Yes. There are many sources for great information on the internet. The following is a list of some of them.

American Academy of Pediatrics (AAP) – Policy statements, student, community information, “Red Book” order information. www.aap.org

Bill & Melinda Gates Children’s Vaccine Program – A non-profit organization which focuses on children in developing countries, but information is also applicable in the United States. www.childredivaccine.org

Centers for Disease Control and Prevention (CDC) – Several websites and phone numbers with timely and accurate information for students, parents, the community, and school nurses.

1. *CDC Home Page* – www.cdc.gov

In the News (announcements, hot topics, etc.)

Health information

Publications, software, and products

Electronic Emerging Infectious Disease Journal

CDC Prevention Guidelines

Advisory Committee on Immunization Practices (ACIP) - vaccine recommendations

Access to individual state immunization program home pages

2. *International Travel* – online health information and recommended immunizations by geographic areas; the latest news on international disease outbreaks. The most recent “*Health Information for International Travel*” (the Yellow Book). www.cdc.gov/travel

APPENDIX B – FREQUENTLY ASKED QUESTIONS

3. **National Center for Immunization and Respiratory Diseases (NCIRD)** – Formally the National Immunization Program – Upcoming events, announcements, publications, including *Epidemiology and Prevention of Vaccine-Preventable Diseases*” (the Pink Book), Vaccine Information Statements (VIS), Clinic Assessment Software Application (CASA), Vaccine Safety Information. www.cdc.gov/vaccines
4. **Hepatitis Branch** – www.cdc.gov/hepatitis
5. **Spanish Language** – www.cdc.gov/spanish
6. **Morbidity and Mortality Weekly Report (MMWR)** – Free subscription via email. www.cdc.gov/mmwr
Children’s Hospital of Philadelphia (CHOP) – Vaccine Education Center; great resources for families and professionals. www.vaccine.chop.edu

Immunization Action Coalition (IAC) – Dependable source on a variety of immunization issues

1. **Home Page** – www.immunize.org
2. **General Resources** – www.immunize.org/resources
3. **IAC Express** – Free email news services express@immunize.org
4. **Vaccine Information Statements (VIS)** – English and many other languages www.immunize.org/vis

National Alliance for Hispanic Health – Immunizations for All Ages Programs; a great Hispanic immunization resource for schedules, news briefs, videos. www.hispanichealth.org or call 202-387-5000.

The Food and Drug Administration (FDA) – Vaccine Adverse Events Reporting System (VAERS) This site explains this safety system and provides vaccine information. www.vaers.hhs.gov

FDA Information – 1-888-FDA-INFO (1-888-463-6332)

The National Network for Immunization Information – www.immunizationinfo.org

The Vaccine Page – www.vaccines.org

Toll Free Numbers

CDC Immunization Information – 1-800-CDC-INFO (1-800-232-4636)

FDA Information– 1-888-FDA-INFO (1-888-463-6332)

APPENDIX B – FREQUENTLY ASKED QUESTIONS

APPENDIX C – COMMUNICATION WITH PARENTS



The following pages are sample letters that may be used to notify parents of immunization requirements. These letters may be modified by adding local letterhead, clinic hours, phone numbers, etc.

- 1) Early Childhood Program Immunization Requirements**
- 2) English “Exclusion Notice” for Inadequate Immunizations**
- 3) Spanish “Exclusion Notice” for Inadequate Immunizations**



Early Childhood Program Immunization Requirements

Date:

Dear Parent/Guardian:

Utah law requires children attending this Early Childhood Program or facility be appropriately immunized for their age against the following vaccine-preventable diseases:

Diphtheria	Measles
Pertussis	Mumps
Tetanus	Rubella
Polio	Haemophilus influenzae type b (Hib)
Hepatitis A	Pneumococcal
Hepatitis B	Varicella (Chickenpox)

It is your responsibility to have your child immunized and to provide this facility with a medically verified, date- and dose-specific immunization record for all required immunizations he/she has received. This is required for admission to this facility.

Factors regarding when your child gets which doses of vaccine include:

- current age of child;
- when he/she began the immunization series; and
- grade, if he/she attends school.

For specific information on which immunizations your child should receive, please consult with your child's health care provider.

Sincerely,



Exclusion Notice For Inadequate Immunizations

Date:

Dear Parent/Guardian:

A recent review of immunization records shows that your child, **(NAME)** may not be adequately immunized as required by the Utah Immunization Rule for Students (R396-100). Please obtain complete dates for the indicated immunizations and provide a record to us by **(DATE)** or your child will be excluded from attending school on **(DATE)** under Utah Statutory Code (53A-11-306).

THE BOXES MARKED BELOW INDICATE DOSES NEEDED FOR YOUR CHILD'S RECORDS.

Vaccine	Dose in Question (circle dose number)	Reason (see codes to right)
DTaP/DT/Td*	1 2 3 4 5	
Tdap*	1	
Polio	1 2 3 4	
MMR (Measles, Mumps, Rubella)	1 2	
Hepatitis B	1 2 3	
Haemophilus influenzae type b (Hib)	1 2 3 4	
Varicella (Chickenpox)	1 2	
Hepatitis A	1 2	
Pneumococcal (PCV)	1 2 3 4 5	
Meningococcal	1	

- A.** Dates or doses are missing or incomplete.
- B.** Previous dose(s) was/were given too close together.
- C.** Previous dose(s) was/were given at too young an age.

*D = Diphtheria
*T = Tetanus
*P = Pertussis

If we do not receive this information from you before the date indicated, we will be forced to exclude your child from attendance. We regret that we must take this action, but state law requires that children must be appropriately immunized in order to attend a Utah school or early childhood program. Our facility supports this policy. If you have questions or need additional information, please call **(TELEPHONE NUMBER)**.



Nota de Exclusión Por Inmunizaciones Inadecuadas

Fecha:

Querido Padre/Guardián:

Un repaso reciente de las fechas de vacunas nos muestran que su hijo/a, (**NOMBRE**) no está vacunado/a adecuadamente como es requerido por la Regla de Vacunación Para estudiantes de Utah (R396-100). Por favor consigan las fechas para las vacunas indicadas y de una constancia a nosotros antes del día (**FECHA**) o su hijo/a va a ser expulsado/a de atender la escuela desde (**FECHA**) bajo el Código Estatutorio Utah (53A-11-306).

LAS CASILLAS MARCADAS EN EL CUADRO DEBAJO INDICAN LAS DOSIS DE LA VACUNA QUE SU HIJO/A NECESITA:

Vacuna	Dosis que necesita (circule el número de la dosis)	Razón (mire los códigos a la derecha)
DTaP/DT/Td*	1 2 3 4 5	
Tdap*	1	
Polio	1 2 3 4	
MMR (Sarampión, Paperas, Rubeola)	1 2	
Hepatitis B	1 2 3	
influenza de Hemofilios tipo b (Hib)	1 2 3 4	
Varicela	1 2	
Hepatitis A	1 2	
Neumococico	1 2 3 4 5	
Meningococcal	1	

A. Las fechas o dosis no estan completas, o no fueron registradas.

B. Las dosis anteriores fueron administradas muy cerca una de la otra.

C. Las dosis fueron dadas a una edad muy temprana.

*D = Difteria

*T = Tétanos

*P = Tosferina (Pertussis)

Si no recibimos esta información antes de la fecha indicada, nos veremos forzados a expulsar a su hijo/a de las escuela. No nos gustaría tomar este tipo de acción, pero el estado requiere que los niños sean vacunados correctamente para poder ir a la escuela en Utah o programas para niños de temprana edad. Nuestro program apoya esta regla. Si tiene alguna pregunta o necesita información adicional, por favor llame al (**NUMERO DE TELEFONO**).

APPENDIX D – COMMON VACCINE NAMES



The following table is provided as a reference for school and early childhood program personnel, as well as health care professionals who evaluate immunization records. To lessen any confusion, **providers documenting current vaccines should use generic names** (e.g., DTaP, MMR, Hepatitis B) instead of brand names.

Not every vaccine in this table is required for entry in a Utah school or early childhood program. To verify whether a vaccine is required, please see pages 12-14 for the summary of requirements.

Some vaccines listed are not currently in use, but were used in the past. These vaccines are included to assist in evaluating immunization records for compliance.

This list does not include vaccine brands available in other countries. For a complete list of U.S. and Foreign Vaccines, reference the “Epidemiology and Prevention of Vaccine-Preventable Diseases” (Pink Book), Appendix B.

APPENDIX D – COMMON VACCINE NAMES

Vaccine/Combination Vaccine (by Generic Name or Trade Name)	Vaccine Components
ACEL-IMUNE®	Diphtheria/Tetanus/acellular Pertussis
ActHIB®	Haemophilus influenzae type b
Adacel®	Tetanus/Diphtheria/acellular Pertussis
BOOSTRIX®	Tetanus/Diphtheria/acellular Pertussis
COMVAX®	Hepatitis B/Haemophilus influenzae type b
DT	Diphtheria/Tetanus
DTaP	Diphtheria/Tetanus/acellular Pertussis
DTP	Diphtheria/Tetanus/whole cell Pertussis
DAPTACEL®	Diphtheria/Tetanus/acellular Pertussis
Engerix-B®	Hepatitis B
GARDASIL®	Human Papillomavirus
HAVRIX®	Hepatitis A
HibTITER®	Haemophilus influenzae type b
HPV	Human Papillomavirus
INFANRIX®	Diphtheria/Tetanus/acellular Pertussis
IPV / IPOL®	Polio (Inactivated Polio Vaccine)
KINRIX®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio Vaccine
Menactra®	Meningococcal Conjugate Vaccine (also called MCV4)
Menomune®	Meningococcal Polysaccharide Vaccine (also called MPSV)
MR	Measles/Rubella
MMR	Measles/Mumps/Rubella
M-M-R II®	Measles/Mumps/Rubella
OPV / ORIMUNE®	Polio (Oral Polio Vaccine)
PEDIARIX™	Diphtheria/Tetanus/acellular Pertussis, Hepatitis B, Inactivated Polio
PedvaxHIB®	Haemophilus influenzae type b
Pentacel®	Diphtheria/Tetanus/acellular Pertussis, Inactivated Polio, Haemophilus influenzae type b
Pneumovax®	Pneumococcal Conjugate Vaccine (also called PPV23)
Prevnar®	Pneumococcal Conjugate Vaccine (also called PCV7)
ProHIBIT™	Haemophilus influenzae type b (only for children ≥ 18 months of age)
ProQuad®	Measles, Mumps, Rubella, Varicella
RECOMBIVAX HB®	Hepatitis B
RotaTeq®	Rotavirus
ROTARIX®	Rotavirus
Td	Tetanus/ Diphtheria (for ≥ 7 years of age)
TETRAMUNE®	Diphtheria/Tetanus/whole cell Pertussis/Haemophilus influenzae type b
TriHIBIT®	Diphtheria/Tetanus/acellular Pertussis/Haemophilus influenzae type b
Tripedia®	Diphtheria/Tetanus/acellular Pertussis
TWINRIX®	Hepatitis A/Hepatitis B
VAQTA®	Hepatitis A
VARIVAX®	Varicella (Chickenpox)



SAMPLE FORMS

The following pages are sample forms which the Utah Immunization Program provides.

- 1) **Sample Medical Exemption Form** – available from student’s physician.
- 2) **Sample Religious Exemption Form** – available from local health department.
- 3) **Sample Personal Exemption Form** – available from local health department.
- 4) **Sample Utah School Immunization Record (USIR) card.**

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



Medical Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may have medical conditions for which receiving one or all immunizations may be contraindicated.

As the physician for _____, I certify the physical condition of this child is such that one or all immunizations would endanger the student's health or the health of a household member.

(check the appropriate box):

- This medical exemption is for all immunizations.
- This medical exemption is for one immunization (e.g., live virus vaccines)

List Immunizations Included in this exemption:

- This medical exemption is temporary (pregnancy, long-term illness, immunocompromised condition of child or household member)

Duration of temporary exemption: _____

I hereby request that this child be exempted from the Utah Immunization Rule for Students (R396-100) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT)

Signature of Physician

Date

Name of Child Exempted (PRINT)

Child's Date of Birth

I understand that if an outbreak of a vaccine-preventable disease occurs for which my child is exempted, my child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Date

If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either return the USIR and any exemption form to the parent of a student or transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program. The exemption forms are only needed one time and they are not required to be renewed annually.

Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



Religious Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination, can cause serious illness and even death. The Utah Department of Health believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Utah Department of Health also recognizes that individuals may be in opposition to immunization, based upon religious practices and/or beliefs.

As the parent/guardian of _____, I certify that I am a member of a recognized religious organization which has doctrine that opposes immunizations.

Name of Religious Organization

I also understand that if an outbreak of any vaccine-preventable disease occurs for which my child is exempted, my child for whom this exemption is claimed is to be excluded from the school or early childhood program for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) due to my religious practices and/or beliefs.

Name of Parent/Guardian (PRINT)

Signature of Parent/Guardian

Street Address

City

County

Zip Code

Date

Name of Child Exempted (PRINT)

Child's Date of Birth

Witness (Local Health Officer or Designee)

Title

Date

If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either return the USIR and any exemption form to the parent of a student or transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program. The exemption forms are only needed one time and they are not required to be renewed annually.

Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

WHITE – School or Early Childhood Program

Utah Department of Health
Immunization Program 12/2014

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS



Personal Immunization Exemption Form

The Utah Department of Health strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. Vaccine preventable diseases can cause serious illness and even death. The Utah Department of Health recognizes that individuals have the right to an immunization exemption, should they choose not to immunize.

As the parent or legal guardian of _____, I certify that I have strong personal beliefs against the practice of immunization/vaccination. Due to my personal opposition to immunizations, I hereby request that my child be exempted from the Utah Immunization Rule for Students (R396-100) for the following vaccines:

- DTaP (Diphtheria, tetanus, acellular pertussis)
- Polio
- Hepatitis B
- Hepatitis A
- MMR (Measles, Mumps, Rubella)
- Varicella (Chicken Pox)
- Pneumococcal
- Haemophilus influenzae type b (Hib)
- Tdap (Tetanus, diphtheria, acellular pertussis)
- Meningococcal
- This personal exemption is for all immunizations.

I understand I am responsible for the risks of not vaccinating my child. I also understand if an outbreak of any vaccine-preventable disease occurs for which my child is exempted, my child may be excluded from the school, early childhood program, sports activities, and any other school activities before, during, or after school time. The exclusion will be for the duration of the outbreak and/or threat of exposure. My child will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

- I HAVE READ THE EXEMPTED CHILD DOCUMENT AND UNDERSTAND ITS CONTENT.
- I would like to discuss information on vaccine safety, possible side effects and/or other concerns with an immunization nurse.

Parent/Guardian's Signature:		Parent/Guardian Name (Print):	
Parent/Guardian's Date of birth:	Phone Number:	Email:	
Street Address:		City:	Zip Code:
Name of Child Exempted (Print):		Child's Date of Birth:	Previous State of Residence:
Name of School or Early Childhood Program:			Grade:
Witness (Local Health Officer or Designee):		Title:	Date:

If a student withdraws, transfers, is promoted or otherwise leaves school, the school or early childhood program shall either return the Utah School Immunization Record (USIR) and any exemption form to the parent of a student or transfer the USIR and any exemption form with the student's official school record to the new school or early childhood program. The exemption forms are only needed one time and they are not required to be renewed annually. Exemption forms can only be used for enrollment in early childhood programs or public, private, and parochial schools for grades kindergarten through twelve. Exemptions and exemption forms do not apply to college/university attendance.

Utah Department of Health
Immunization Program 08/2016

WHITE-Schools or Early Childhood Program



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS). Licensed early childhood programs in Utah are required to keep this record in each child's file.

Student Name _____ Gender Male Female Date of Birth _____
 Name of Parent/Guardian _____

VACCINE	Vaccine Information				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>1st dose must be received on or after the 1st birthday</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox)* <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					
Meningococcal					

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
 Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____
 3. Not-in-Compliance date: _____
*If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.
 Signature of Parent/Guardian _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 12/2014
www.immunize-utah.org
 (801)-538-9450

* If a student has history of the chickenpox disease, parent must sign to the right.

Record Source: Physician Registered Nurse Health Dept. USIIS
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____ Title: _____

APPENDIX E – UTAH IMMUNIZATION PROGRAM SAMPLE FORMS

INSTRUCTIONS: This form must be completed for enrollment in schools and early childhood programs. For detailed information on the required immunizations and minimum intervals between vaccine doses, refer to the Utah Immunization Guidebook at www.immunize.utah.gov.

Student Information: Fill in (print or type) student's name, gender, and date of birth, and name of parent/guardian.

Vaccine Information:

- a. The minimum required immunizations for school entry include (see interval table in the Utah Immunization Guidebook for required spacing of doses):
 - 5 doses of DTPa/DTaP/DT/dTdap – 4 doses are acceptable, if the 4th dose was given after the 4th birthday; 3 doses of Td are required, if started after age 7 years. One of the doses in the Td series should be Tdap.
 - 1 dose of Tdap – a single dose of Tdap vaccine is required for students prior to 7th grade entry. The Tdap vaccine must be given after 7 years of age.
 - 4 doses of Polio – 3 doses are acceptable, if the 3rd dose was given after the 4th birthday.
 - 2 doses of Measles, Mumps, and Rubella – required for all students kindergarten through grade 12. The 1st dose of measles containing vaccine must be given on or after the 1st birthday.
 - 3 doses of Hepatitis B – required for students prior to entering kindergarten. Required for students prior to 7th grade entry. The 1st dose must be given on or after the 1st birthday. Parent/guardian must sign on reverse side verifying history of chickenpox disease.
 - 2 doses of Hepatitis A – required for students prior to entering kindergarten. The 1st dose of Hepatitis A must be given on or after the 1st birthday.
 - 1 dose of Meningococcal – required for students prior to 7th grade entry.
- b. Children enrolled in Early Childhood Programs must be appropriately immunized for the following diseases: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, Meningococcal, and Varicella (chickenpox).
 - Transcribe the month, day, and year of each immunization received by the child on the appropriate immunization record. Appropriate immunizations include: Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps, Rubella, Hepatitis A, Hepatitis B, Meningococcal, and Varicella (chickenpox).
- c. **Record Source:** Indicate source of original records. Indicate if immunization was verified by a licensed physician, registered nurse, public health official or USIIS will be accepted.

Authorized Signature: This is the signature of the school official who has verified the USIR against the source records.

School and Early Childhood Program Use Only:

1. **ALL REQUIREMENTS MET:** Requirements are met by either up-to-date immunizations on the first day of school or by obtaining a religious, personal, or permanent medical exemption. If all immunizations are up-to-date, enter the date for ALL REQUIREMENTS MET and check the box for "Adequately Immunized." If the student has an exemption, check the box for the type of exemption, enter the date for ALL REQUIREMENTS MET, and follow the Exemption Procedures. If the medical exemption is permanent, enter NA for expiry date. If the medical exemption is temporary, follow the instructions for CONDITIONAL ADMISSION and do not enter an ALL REQUIREMENTS MET date.

Exemption Procedures: The Utah Immunization Rule for Students (R396-100) allows for three types of exemptions: Personal, Religious, and Medical exemption. Personal and religious exemption forms may be obtained from local health departments. A local health department representative must witness and sign the Personal or Religious Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain with the local health department.

Medical Exemption Form must be completed and signed by the student's licensed physician (Utah Statutory Code – Section 53A-11-302). The Medical Exemption Form may be obtained from the student's physician. It must indicate whether the exemption is for one or all immunizations. The WHITE and YELLOW copies will be given to the parent/guardian. The parent/guardian will present the WHITE copy to the school or early childhood program official. The WHITE copy must be attached to this record. The YELLOW copy is for the parent/guardian. The PINK copy will remain in the child's medical record.
2. **CONDITIONAL ADMISSION:** If all requirements have not been met, but the student has received at least one dose of each required vaccine, enter "Conditional Admission" date and explain the process of completing the required immunizations to the parent/guardian. If a student has a temporary medical exemption they are eligible for **CONDITIONAL ADMISSION**. Enter the exemption expiry date and enter "Conditional Admission" date. Upon expiration of temporary status, immunizations will be required.
3. **NOT-IN-COMPLIANCE:** On the first day of school, if all requirements have not been met and the student is more than one month past due for any immunization, the student is Not-in-Compliance and must be excluded from school. Enter the "Not-in-Compliance" date. If the student subsequently completes all required immunizations, status can be changed to ALL REQUIREMENTS MET. Enter the date and check the box for "Adequately Immunized" and cross through the "Not-in-Compliance" date.

Disease Verification: Parent/guardian must sign on reverse side verifying history of chickenpox disease.

APPENDIX F - UTAH SCHOOL AND CHILDCARE EMPLOYEE IMMUNIZATION RECOMMENDATIONS

Educational institutions and childcare facilities are potential high-risk areas for transmission of vaccine-preventable diseases. While immunization is an important health requirement for students in Utah schools and childcare facilities, it is equally important for staff in these settings to be protected against vaccine-preventable diseases. Employee immunization can decrease the number of days teachers, staff and students miss due to illness. Absence due to sickness causes disruption in class schedules resulting in missed educational learning opportunities. Most importantly, teachers, staff and students who come to school sick can spread disease, suffer pain, and discomfort. Additionally, vaccine-preventable disease outbreaks in school and childcare settings can result in enormous costs for staff, students, parents, employers and public health.

The Utah Department of Health recommends that prior to employment in Utah schools and licensed childcare facilities, all full- and part-time employees, including teachers, substitute teachers, student teachers, and staff, show proof of vaccination against: measles, mumps, rubella, hepatitis B, tetanus, diphtheria, pertussis, influenza, varicella, and hepatitis A. This recommendation is in accordance with the recommendations of the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). School districts and childcare facilities are encouraged to keep employee vaccination records on file.*

Recommended Immunizations For Teachers and Childcare Staff¹		
Vaccine	Persons Born Before 1957	Persons Born In or After 1957
MMR ² (Measles, Mumps, Rubella)	1 dose for women of childbearing age and for all adults <u>not</u> born in the U.S.	2 doses of MMR, at least 1 month apart
Varicella (Chickenpox) ³	2 doses	
Hepatitis A	2 doses	
Hepatitis B ⁴	3 doses	
Td/Tdap ⁵ (Tetanus, Diphtheria, Pertussis [Whooping Cough])	1 dose of Tdap, then Td booster every 10 years	
Influenza	Annual influenza vaccine is recommended for everyone 6 months of age and older	

¹ All full- and part-time teachers, student teachers, substitute teachers and staff.

² Proof of immunity to measles, mumps **and** rubella is recommended for staff of licensed group and family childcare centers. MMR vaccine is recommended for teachers and staff in other school settings.

³ Varicella vaccine is recommended for those who do not have documentation of age-appropriate immunization, a reliable history of varicella disease (physician diagnosis or personal recall) or serologic evidence of immunity.

⁴ Federal Occupational Safety & Health Administration (OSHA) regulations require some employers to offer hepatitis B vaccine to childcare staff whose responsibilities include first aid.

⁵ All adults should receive a single dose of Tdap, especially those who have close contact with infants less than 12 months of age (e.g., childcare staff). There is no minimum interval between Tdap and a previous dose of Td.

*The Utah Statewide Immunization Information System (USIIS) is a statewide information immunization system that contains immunization histories for Utah residents of all ages. Many school districts and childcare facilities are enrolled in USIIS. Employers can input and maintain their staff immunization status through USIIS. For more information on how to enroll in USIIS, please contact the Utah Immunization Program at 801-538-9450.

APPENDIX G – TIPS FOR TALKING TO PARENTS ABOUT VACCINES

A NOTE ON VACCINES FROM YOUR CHILDCARE PROVIDER, PEDIATRICIANS, AND THE UTAH DEPARTMENT OF HEALTH

We value the health and safety of your children. As a state-licensed childcare program, we support and must adhere to state immunization requirements for all children enrolled in our program to ensure their health and safety. It is critical for children attending childcare to receive all recommended vaccines to protect themselves and the other children in our program who are too young to be fully immunized.

Why immunizations are so important for children in childcare settings

- Children younger than five years of age are especially at risk for getting infections because their immune systems have not yet built up the defenses to fight infection. Immunizations help children build up these defenses.
- Many childcare programs include children less than one year of age. These children are at highest risk for getting vaccine-preventable infections because they are still receiving important immunizations. For example, children aren't fully protected against pertussis (whooping cough) until they are six months old. If infants less than six months of age are exposed to someone with whooping cough, they are at high risk for becoming infected and having serious illness or even death.

Rules and recommendations

- Utah requires your childcare provider to have *written proof* of each child's vaccines. A parent may get an exemption for their child to not be vaccinated. Your childcare provider must also have *written proof* (a legally valid exemption form) for all exemptions.
- Disease outbreaks sometimes occur in childcare. If there is even one case of a vaccine-preventable disease at your child's child care program, children for which the facility does not have *written proof* of the child's up-to-date status will be excluded from childcare until the child is vaccinated or risk of the disease has passed (sometimes up to 21 days).

Vaccine safety and effectiveness

- All vaccines undergo long and careful review.
- Vaccines do not cause autism. Many independent studies have convincingly shown that there is no link between autism and vaccines.
- No vaccine, or *any* medication or treatment, is completely risk-free. Common side effects (tenderness and redness) are mild, but serious side effects (such as allergic reactions) are very rare.
- When parents choose not to vaccinate their child, they are trading the small risk of side effects from the vaccine for the risk of getting a vaccine-preventable disease. Vaccines keep disease away; when we stop giving them, diseases that can be prevented by vaccines return.
- While some diseases, like measles are not common in Utah, they are only a plane ride away.

More information

- Free or low-cost vaccines are available for those who qualify through the Utah Vaccines for Children (VFC) Program (http://immunize-utah.org/VFC_program/parents).
- For more information on vaccines and the diseases they prevent, contact your healthcare provider or the Utah Immunization Program at 1-800-275-0659 or visit <http://immunize-utah.org>.



09/2014

LOGIN

- Type in www.immunize-utah.org on your web browser.
- Click on the Immunization Reporting link located on the left side of the page.
- Click on School and Childcare Immunization Reporting System.
- Click on “Login to the School & Childcare Immunization Reporting System.”
- Click on the Login box.
- Enter your Facility ID.

Your Facility ID is the number that Child Care Licensing has assigned to your facility. You can find your Facility ID on your license/certificate. For the purpose of this report you only use the last digits after the dash of your facility ID on your license/certificate to login to the report.

For example if your Facility ID is F12-0000 enter only 0000

- The Utah Immunization Program, Department of Health, telephone number 801-538-9450, will send a reminder letter each fall with your Facility ID and reporting instructions.
- Click on Submit.

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

SELECTING REPORTS

- A screen listing all the reports for your facility and due dates will appear. Not all reports shown in this example will appear for your facility.
- Select the report you will be completing.
- Complete the name, title and phone number of the person completing the report.

The following example will provide instructions for completing the Early Childhood Program Summary Report.

REPORTING REQUIREMENTS FOR EARLY CHILDHOOD PROGRAMS AND SCHOOLS 2015/2016 SCHOOL YEAR	
Child Care	
<input type="checkbox"/> EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Early Childhood Program facilities.	DUE BY 11/30/2015
Handicapped/Special Education	
<input type="checkbox"/> KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility.	DUE BY 11/30/2015
<input type="checkbox"/> TWO DOSE MMR SUMMARY REPORT Required for all Handicapped/Special Education facilities.	DUE BY 11/30/2015
<input type="checkbox"/> SEVENTH GRADE SUMMARY REPORT	DUE BY 11/30/2015
Head Start	
<input type="checkbox"/> EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Head Start facilities.	DUE BY 11/30/2015
High School	
<input type="checkbox"/> TWO DOSE MMR SUMMARY REPORT Required for all High Schools.	DUE BY 11/30/2015
Junior High/Middle School	
<input type="checkbox"/> TWO DOSE MMR SUMMARY REPORT Required for all Junior High/Middle Schools. In this report enter ONLY immunization information for Junior/Middle school students attending your school.	DUE BY 11/30/2015
<input type="checkbox"/> SEVENTH GRADE SUMMARY REPORT Required if there is a 7th grade in your facility. In this report enter ONLY immunization information for your 7 th grade students. If there is no 7th grade, check the "Does Not Apply" box.	DUE BY 11/30/2015
Kindergarten/Elementary School	
<input type="checkbox"/> KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility. In this report enter ONLY immunization information for your Kindergarten students NOT the entire school. If there is no Kindergarten, check the "Does Not Apply" box.	DUE BY 11/30/2015
<input type="checkbox"/> TWO DOSE MMR SUMMARY REPORT Required for all elementary schools. In this report enter ONLY immunization information for students from kindergarten through the highest grade level in your elementary school (i.e. 5 th or 6 th grade). If you are a licensed child care provider and have a private kindergarten class in your daycare, only the Measles vaccination information for the kindergarten students should be entered on this report.	DUE BY 11/30/2015

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

ANNUAL REPORT

Part 1: Exemptions:

- There are three types of exemptions: *Medical, Religious and Personal*.
- Enter the number of children for each vaccine and each type of exemption.
- Enter the total number of children who claimed an exemption in Part 1(I):

This is the total number of **exemption forms** you have.

NOTE: If a child has claimed any exemption, do not count the child in the immunized category even if the child has received some vaccine doses. For the purpose of this report, exemptions cover *all* vaccine requirements, not individual vaccines.

2015/2016				
Child Care				
CHILDHOOD ANNUAL				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP, DTP/DT or Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Haemophilus influenzae type B (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pneumococcal Conjugate Vaccine (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Total number of children who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Children Not-In-Compliance				<input type="text"/>
Part 4: Compliance for Early Childhood Program Entry				<input type="text"/>
a. Number of children with history of chickenpox disease				<input type="text"/>
b. Number of children who are completely immunized for their age with all the required immunizations for early childhood program entry				<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease				<input type="text"/>
d. Total compliant for childhood program entry (sum of a - c, automatically calculated.)				<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts II, 2, 3 and 4d)				<input type="text"/>
Part 6: Break down of Children Conditionally Admitted and/or Not-In-Compliance				
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A
B. Children with less than the required number of POLIO vaccine doses.				<input type="text"/> B
C. Children with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C
D. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.				<input type="text"/> D
E. Children with less than the required number of HEPATITIS A vaccine doses.				<input type="text"/> E
F. Children with less than the required number of HEPATITIS B vaccine doses.				<input type="text"/> F
G. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.				<input type="text"/> G
H. Children with NO IMMUNIZATION RECORDS.				<input type="text"/> H
I. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.				<input type="text"/> I
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

ANNUAL REPORT

Part 2: Conditional Admissions:

- Enter the number of children who are less than one month past due for any single vaccine on the first day of school.

Part 3: Children Not-in-Compliance:

- Enter the number of children who meet the definition for “Not-in-Compliance” as of October 1st.

NOTE: Children who are Not-in-Compliance must be excluded from the facility.

2015/2016				
Child Care				
CHILDHOOD ANNUAL				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria Tetanus, and pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Haemophilus influenzae type B (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pneumococcal Conjugate Vaccine (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Varicella (chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Total number of children who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions:				<input type="text"/>
Part 3: Children Not-In-Compliance				<input type="text"/>
Part 4: Compliant for Early Childhood Program Entry				
a. Number of children with history of chickenpox disease				<input type="text"/>
b. Number of children who are completely immunized for their age with all the required immunizations for early childhood program entry				<input type="text"/>
c. Received all required vaccines appropriate for age but was too young to receive the varicella vaccine and had no history of chickenpox disease				<input type="text"/>
d. Total compliant for childhood program entry (sum of a - c, automatically calculated.)				<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts II, 2, 3 and 4d)				<input type="text"/>
Part 6: Break down of Children Conditionally Admitted and/or Not-In-Compliance				
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A
B. Children with less than the required number of POLIO vaccine doses.				<input type="text"/> B
C. Children with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C
D. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.				<input type="text"/> D
E. Children with less than the required number of HEPATITIS A vaccine doses.				<input type="text"/> E
F. Children with less than the required number of HEPATITIS B vaccine doses.				<input type="text"/> F
G. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.				<input type="text"/> G
H. Children with NO IMMUNIZATION RECORDS.				<input type="text"/> H
I. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.				<input type="text"/> I
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

ANNUAL REPORT

Part 4: Compliant for Early Childhood Program Entry:

- *Compliant for Early Childhood Program Entry* is the number of children who have been vaccinated.
- Part 4(a): *Number of children with history of chickenpox disease:*
Enter **only** the number of children who had the chickenpox disease.

2015/2016				
Child Care				
CHILDHOOD ANNUAL				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Haemophilus influenzae type B (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pneumococcal Conjugate Vaccine (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Total number of children who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Children Not-In-Compliance				<input type="text"/>
Part 4: Compliant for Early Childhood Program Entry				<input type="text"/>
a. Number of children with history of chickenpox disease				<input type="text"/>
b. Number of children who are completely immunized for their age with all the required immunizations for early childhood program entry				<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease				<input type="text"/>
d. Total compliant for childhood program entry (sum of a - c automatically calculated)				<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts 1I, 2, 3 and 4d)				<input type="text"/>
Part 6: Break down of Children Conditionally Admitted and/or Not-In-Compliance				
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A
B. Children with less than the required number of POLIO vaccine doses.				<input type="text"/> B
C. Children with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C
D. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.				<input type="text"/> D
E. Children with less than the required number of HEPATITIS A vaccine doses.				<input type="text"/> E
F. Children with less than the required number of HEPATITIS B vaccine doses.				<input type="text"/> F
G. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.				<input type="text"/> G
H. Children with NO IMMUNIZATION RECORDS.				<input type="text"/> H
I. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.				<input type="text"/> I

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

ANNUAL REPORT

Part 4: Compliant for Early Childhood Program Entry:

- Part 4(b): Enter the number of children who are completely immunized for their age with all the required immunizations for early childhood program entry. Do not enter the number of children who had chickenpox disease.

NOTE: For the purpose of this report, when calculating the number for Part 4(b), do not include the number of exemptions, number of Conditionally Admitted children, or number of children Not-in-Compliance. Include ONLY the number of children who are completely immunized.

- Part 4(c): Enter the total number of children who have received all the required vaccines for their age, but are too young for Varicella (chickenpox) vaccine and have also not had the chickenpox disease.
- Part 4(d): *Total Compliant for Early Childhood Program Entry* is automatically calculated (sum of parts 4a through c).

2015/2016				
Child Care				
CHILDHOOD ANNUAL				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Haemophilus influenzae type B (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pneumococcal Conjugate Vaccine (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Total number of children who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Children Not-In-Compliance				<input type="text"/>
Part 4: Compliant for Early Childhood Program Entry				<input type="text"/>
a. Number of children with history of chickenpox disease				<input type="text"/>
b. Number of children who are completely immunized for their age with all the required entrance ration for early childhood program entry				<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease				<input type="text"/>
d. Total compliant for childhood program entry (sum of a, b, and c automatically calculated)				<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts II, 2, 3 and 4d)				<input type="text"/>
Part 6: Break down of Children Conditionally Admitted and/or Not-In-Compliance				
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A
B. Children with less than the required number of POLIO vaccine doses.				<input type="text"/> B
C. Children with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C
D. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses.				<input type="text"/> D
E. Children with less than the required number of HEPATITIS A vaccine doses.				<input type="text"/> E
F. Children with less than the required number of HEPATITIS B vaccine doses.				<input type="text"/> F
G. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses.				<input type="text"/> G
H. Children with NO IMMUNIZATION RECORDS.				<input type="text"/> H
I. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease.				<input type="text"/> I

ONLINE IMMUNIZATION REPORTING FOR CHILDCARE FACILITIES

ANNUAL REPORT

Part 5: Total Number of Children Enrolled:

- Enter the total number of children from Parts 1(l), 2, 3 and 4(d).

Part 6: Breakdown of Children Conditionally Admitted and/or Not-in-Compliance:

- Enter the number of children who are missing at least one dose of each vaccine listed or who have no immunization records.
- You must complete the comment field if you reported Conditionally Admitted and/or Not-in-Compliance children.
- Click on Submit. Once you submit a report, you will return to the list of reports. The completed report will be highlighted in red.
- Print a copy of the completed report for your records.

2015/2016				
Child Care				
CHILDHOOD ANNUAL				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria & Tetanus, and pertussis (DTaP, DTP/DT or Td)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Haemophilus influenzae type B (Hib)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Pneumococcal Conjugate Vaccine (PCV)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I. Total number of children who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Children Not-In-Compliance				<input type="text"/>
Part 4: Compliant for Early Childhood Program Entry				<input type="text"/>
a. Number of children with history of chickenpox disease				<input type="text"/>
b. Number of children who are completely immunized for their age with all the required immunizations for early childhood program entry				<input type="text"/>
c. Received all required vaccines appropriate for age, but was too young to receive the varicella vaccine and had no history of chickenpox disease				<input type="text"/>
d. Total compliant for childhood program entry (sum of a - c, automatically calculated)				<input type="text"/>
Part 5: Total Number of Children Enrolled (Sum of parts II, 2, 3 and 4d)				<input type="text"/>
Part 6: Breakdown of Children Conditionally Admitted and/or Not-In-Compliance				<input type="text"/>
A. Children with less than the required number of DTP/DTaP/DT or Td vaccine doses				<input type="text"/> A
B. Children with less than the required number of POLIO vaccine doses				<input type="text"/> B
C. Children with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses				<input type="text"/> C
D. Children with less than the required number of HAEMOPHILUS INFLUENZAE TYPE B (Hib) vaccine doses				<input type="text"/> D
E. Children with less than the required number of HEPATITIS A vaccine doses				<input type="text"/> E
F. Children with less than the required number of HEPATITIS B vaccine doses				<input type="text"/> F
G. Children with less than the required number of PNEUMOCOCCAL CONJUGATE (PCV) vaccine doses				<input type="text"/> G
H. Children with NO IMMUNIZATION RECORDS				<input type="text"/> H
I. Children with less than the required number of VARICELLA (chickenpox) vaccine doses and/or children with no previous history of varicella (chickenpox) disease				<input type="text"/> I

REPORTING ERRORS

- If there is an error in any submitted report, the report will re-appear on the screen with errors highlighted in red.
- Correct the errors and re-submit the report.
- If the program does not show the list of reports with your completed report highlighted in red (it is still blue), the report submission was unsuccessful. Select the report again and repeat the reporting process.
- If you realize that you made an error after successful submission of your report, call the Utah Immunization Program at 801-538-9450. Your report will be re-set and you can start again.
- Provide your name, phone number, school, and username/password to Immunization Program personnel to confirm your report was re-set.

LOGIN

- Type in www.immunize-utah.org on your web browser.
- Click on the Immunization Reporting link located on the left side of the page.
- Click on School and Childcare Immunization Reporting System.
- Click on “Login to the School & Childcare Immunization Reporting System.”
- Click on the Login box.
- Enter your School User ID.
- Your user ID is the same as your Utah State Office of Education (USOE)-assigned school number. The Utah Department of Health, Immunization Program (Telephone: 801-538-9450), will send a reminder each fall with your user ID and reporting instructions.
- Click on Submit.

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

SELECTING REPORTS

- A screen listing all the reports for your school and due dates will appear. Not all reports shown in this example will appear for your school.
- Select the report you will be completing.
- Follow the same instructions for completing all annual reports.
- Complete the name, title and phone number of the person completing the report.
- The following example will provide instructions for completing the Kindergarten Summary Report.

REPORTING REQUIREMENTS FOR EARLY CHILDHOOD PROGRAMS AND SCHOOLS 2015/2016 SCHOOL YEAR	
Child Care	
EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Early Childhood Program facilities.	DUE BY 11/30/2015
Handicapped/Special Education	
KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility.	DUE BY 11/30/2015
TWO DOSE MMR SUMMARY REPORT Required for all Handicapped/Special Education facilities.	DUE BY 11/30/2015
SEVENTH GRADE SUMMARY REPORT	DUE BY 11/30/2015
Head Start	
EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Head Start facilities.	DUE BY 11/30/2015
High School	
TWO DOSE MMR SUMMARY REPORT Required for all High Schools.	DUE BY 11/30/2015
Junior High/Middle School	
TWO DOSE MMR SUMMARY REPORT Required for all Junior High/Middle Schools. In this report enter ONLY immunization information for Junior/Middle school students attending your school.	DUE BY 11/30/2015
SEVENTH GRADE SUMMARY REPORT Required if there is a 7th grade in your facility. In this report enter ONLY immunization information for 7 th grade students. If there is no 7th grade, check the "Does Not Apply" box.	DUE BY 11/30/2015
Kindergarten/Elementary School	
KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility. In this report enter ONLY immunization information for your Kindergarten students NOT the entire school. If there is no Kindergarten, check the "Does Not Apply" box.	DUE BY 11/30/2015
TWO DOSE MMR SUMMARY REPORT Required for all elementary schools. In this report enter ONLY immunization information for students from Kindergarten through the highest grade level in your elementary school (i.e. 5 th or 6 th grade). If you are a licensed child care provider and have a private kindergarten class in your daycare, only the Measles vaccination information for the kindergarten students should be entered on this report.	DUE BY 11/30/2015

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

ANNUAL REPORT

Part 1: Exemptions:

- If the Kindergarten Summary Report does not apply to your school, check the box “Does Not Apply.”
- There are three types of exemptions: *Medical, Religious and Personal*.
Enter the number of students for each vaccine and each type of exemption.
- Part 1(G): *Total Number of Students who claimed an Exemption* : This is the total number of exemption forms you have.

NOTE: If a student has claimed any exemption, do not count the student in the immunized category - even if the student has received some vaccine doses. For the purpose of this report, exemptions cover *all vaccine requirements*, not individual vaccines.

2015/2016				
Kindergarten				
SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and Pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Adequate for School Entry				
a. Number of students with history of chickenpox disease				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				<input type="text"/>
c. Total adequate for school entry (sum of parts a and b. Automatically calculated)				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1G, 2, 3, and 4c)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A.
B. Students with less than the required number of POLIO vaccine doses.				<input type="text"/> B.
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C.
D. Students with less than the required number of Hepatitis B vaccine doses.				<input type="text"/> D.
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				<input type="text"/> E.
F. Students with less than the required number of Hepatitis A vaccine doses.				<input type="text"/> F.
G. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> G.

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

ANNUAL REPORT

Part 2: Conditional Admissions :

- Enter the number of students who are less than one month past due for any single vaccine on the first day of school.

Part 3: Students Not-in-Compliance:

- Enter the number of students who meet the definition for “Not-in-Compliance” on the first day of school.

NOTE: Students who are Not-in-Compliance must be excluded from school.

2015/2016				
Kindergarten				
SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and Pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Adequate for School Entry				
a. Number of students with history of chickenpox disease				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				<input type="text"/>
c. Total adequate for school entry (sum of parts a and b. Automatically calculated)				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1G, 2, 3, and 4c)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A.
B. Students with less than the required number of POLIO vaccine doses.				<input type="text"/> B.
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C.
D. Students with less than the required number of Hepatitis B vaccine doses.				<input type="text"/> D.
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				<input type="text"/> E.
F. Students with less than the required number of Hepatitis A vaccine doses.				<input type="text"/> F.
G. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> G.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

ANNUAL REPORT

Part 4: Adequate for School Entry:

- Part 4(a): *Number of Students with history of chickenpox disease*

Enter **only** the number of students who had the chickenpox disease.

NOTE: For the purpose of this report, when calculating the number for Part 4(a), do not include the number of exemptions, number of Conditionally Admitted students, or number of students Not-in-Compliance. Include **ONLY** the number of students who had the chickenpox disease.

2015/2016				
Kindergarten				
SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and Pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Adequate for School Entry				
a. Number of students with history of chickenpox disease				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				<input type="text"/>
c. Total adequate for school entry (sum of parts a and b. Automatically calculated.)				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1G, 2, 3, and 4c)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A.
B. Students with less than the required number of POLIO vaccine doses.				<input type="text"/> B.
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C.
D. Students with less than the required number of Hepatitis B vaccine doses.				<input type="text"/> D.
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				<input type="text"/> E.
F. Students with less than the required number of Hepatitis A vaccine doses.				<input type="text"/> F.
G. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> G.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

ANNUAL REPORT

Part 4: Adequate for School Entry :

- Part 4(b): *Number of students who have received all doses of each required vaccine for school entry:*

Enter the number of students who have completed all required vaccinations.

NOTE: For the purpose of this report, when calculating the number for Part 4(b), do not include the number of students who had chickenpox disease, do not include the number of exemptions, number of Conditionally Admitted students, or number of students Not-in-Compliance. Include **ONLY** the number of students who are completely immunized.

- Part 4(c): *Total Adequate for School Entry* is automatically calculated [sum of parts 4(a) and 4(b)].

2015/2016				
Kindergarten				
SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and Pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Adequate for School Entry				
a. Number of students with history of chickenpox disease				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				<input type="text"/>
c. Total adequate for school entry (sum of parts a and b. Automatically calculated)				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1G, 2, 3, and 4c)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A.
B. Students with less than the required number of POLIO vaccine doses.				<input type="text"/> B.
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C.
D. Students with less than the required number of Hepatitis B vaccine doses.				<input type="text"/> D.
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				<input type="text"/> E.
F. Students with less than the required number of Hepatitis A vaccine doses.				<input type="text"/> F.
G. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> G.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

ANNUAL REPORT

Part 5: Total Number of Students Enrolled:

- Enter the total number of students from Parts 1(G), 2, 3, and 4(c).

Part 6: Breakdown of Students Conditionally Admitted and/or Not-in-Compliance:

- Enter the number of students who are missing at least one dose of each vaccine listed or who have no immunization records.
- You must complete the Comment Field if you reported Conditionally Admitted and/or Not-in-Compliance students.
- Click on Submit. Once you submit a report, you will return to the list of reports. The completed report will be highlighted in red.
- Print a copy of the completed report for your records.

2015/2016				
Kindergarten				
SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and Pertussis (DTaP), DTP/DT or Td	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Adequate for School Entry				
a. Number of students with history of chickenpox disease				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				<input type="text"/>
c. Total adequate for school entry (sum of parts a and b. Automatically calculated)				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1G, 2, 3, and 4c)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				<input type="text"/> A.
B. Students with less than the required number of POLIO vaccine doses.				<input type="text"/> B.
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				<input type="text"/> C.
D. Students with less than the required number of Hepatitis B vaccine doses.				<input type="text"/> D.
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				<input type="text"/> E.
F. Students with less than the required number of Hepatitis A vaccine doses.				<input type="text"/> F.
G. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> G.
Comments:	<input type="text"/>			

REPORTING ERRORS

- If there is an error in any submitted report, the report will re-appear on the screen with errors highlighted in red.
- Correct the errors and re-submit the report.
- If the program does not show the list of reports with your completed report highlighted in red (it is still blue), the report submission was unsuccessful. Select the report again and repeat the reporting process.
- If you realize that you made an error after successful submission of your report, call the Utah Immunization Program at 801-538-9450. Your report will be re-set and you can start again.
- Provide your name, phone number, school, and username/password to Immunization Program personnel to confirm your report was re-set.

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

TWO DOSE MMR SUMMARY REPORT

- The following example will provide instructions for completing the Two Dose MMR Summary Report for Kindergarten/Elementary schools.
- Follow the same instructions for completing the Junior High/Middle School and High School Reports.
- Select the appropriate report from the screen showing the list of required reports.
- Enter the name, title, and telephone number for the person completing the report.

REPORTING REQUIREMENTS FOR EARLY CHILDHOOD PROGRAMS AND SCHOOLS 2015/2016 SCHOOL YEAR		
Child Care		
<input type="checkbox"/>	EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Early Childhood Program facilities.	DUE BY 11/30/2015
Handicapped/Special Education		
<input type="checkbox"/>	KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility.	DUE BY 11/30/2015
<input type="checkbox"/>	TWO DOSE MMR SUMMARY REPORT Required for all Handicapped/Special Education facilities.	DUE BY 11/30/2015
<input type="checkbox"/>	SEVENTH GRADE SUMMARY REPORT	DUE BY 11/30/2015
Head Start		
<input type="checkbox"/>	EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Head Start facilities.	DUE BY 11/30/2015
High School		
<input type="checkbox"/>	TWO DOSE MMR SUMMARY REPORT Required for all High Schools	DUE BY 11/30/2015
Junior High/Middle School		
<input type="checkbox"/>	TWO DOSE MMR SUMMARY REPORT Required for all Junior High/Middle Schools. In this report enter ONLY immunization information for Junior/Middle school students attending your school.	DUE BY 11/30/2015
<input type="checkbox"/>	SEVENTH GRADE SUMMARY REPORT Required if there is a 7 th grade in your facility. In this report enter ONLY immunization information for your 7 th grade students. If there is no 7 th grade, check the "Does Not Apply" box.	DUE BY 11/30/2015
Kindergarten/Elementary School		
<input type="checkbox"/>	KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility. In this report enter ONLY immunization information for your Kindergarten students NOT the entire school. If there is no Kindergarten, check the "Does Not Apply" box.	DUE BY 11/30/2015
<input type="checkbox"/>	TWO DOSE MMR SUMMARY REPORT Required for all elementary schools. In this report enter ONLY immunization information for students from kindergarten through the highest grade level in your elementary school (i.e. 5 th or 6 th grade). If you are a licensed child care provider and have a private kindergarten class in your daycare, only the Measles vaccination information for the kindergarten students should be entered on this report.	DUE BY 11/30/2015

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

TWO DOSE MMR SUMMARY REPORT

Part 1: Exemptions:

- There are three types of exemptions: *Medical, Religious, or Personal.*
- Part 1(A): Enter the number of students for each type of exemption.
- *Total Exemptions Claimed* will be automatically calculated.

Part 2: Conditional Admissions:

- Enter the number of students who are less than one month past due for their second dose Measles vaccine on the first day of school.

2015/2016				
Elementary School				
TWO DOSE MMR SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Total Adequate for School Entry				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1A, 2, 3 and 4)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students who are more than one month past due for their second dose of MEASLES.				<input type="text"/> A.
B. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> B.
C. Students that their second measles dose is less than 28 days from their first dose.				<input type="text"/> C.
D. Students that have received one dose of the measles vaccine and are <u>currently</u> on schedule for the next dose.				<input type="text"/> D.
E. Students that have received their first measles vaccine prior to their 1st birthday.				<input type="text"/> E.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

TWO DOSE MMR SUMMARY REPORT

Part 3: Students Not-in-Compliance:

- Enter the number of students who meet the definition for “Not-in-Compliance” on the first day of school.

NOTE: Students who are Not-in-Compliance must be excluded from school.

Part 4: Total Adequate for School Entry:

- Enter the total number of students in elementary school (not just Kindergarten) who have received two doses of the Measles vaccine at the correct interval.

2015/2016				
Elementary School				
TWO DOSE MMR SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Total Adequate for School Entry				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1A, 2, 3 and 4)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students who are more than one month past due for their second dose of MEASLES.				<input type="text"/> A.
B. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> B.
C. Students that their second measles dose is less than 28 days from their first dose.				<input type="text"/> C.
D. Students that have received one dose of the measles vaccine and are currently on schedule for the next dose.				<input type="text"/> D.
E. Students that have received their first measles vaccine prior to their 1st birthday.				<input type="text"/> E.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

TWO DOSE MMR SUMMARY REPORT

Part 5: Total Number of Students Enrolled:

- Enter the total number of students from Parts 1(A), 2, 3 and 4.

Part 6: Breakdown of Students Conditionally Admitted and/or Not-in-Compliance:

- Enter the number of students who are more than one month past due for their second Measles dose, have no immunization record or received their second Measles dose less than 28 days from the first dose.
- You must complete the Comment Field if you reported Conditionally Admitted and/or Not-in-Compliance students.
- Click on Submit.
- Print a copy of the completed report for your records.

2015/2016				
Elementary School				
TWO DOSE MMR SUMMARY REPORT				
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Measles, Mumps, and Rubella (MMR)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				<input type="text"/>
Part 3: Students Not In Compliance (Should have been excluded on the first day of school)				<input type="text"/>
Part 4: Total Adequate for School Entry				<input type="text"/>
Part 5: Total Number of Students Enrolled (Sum of 1A, 2, 3 and 4)				<input type="text"/>
Part 6: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance				
A. Students who are more than one month past due for their second dose of MEASLES.				<input type="text"/> A.
B. Students with NO IMMUNIZATION RECORDS.				<input type="text"/> B.
C. Students that their second measles dose is less than 28 days from their first dose.				<input type="text"/> C.
D. Students that have received one dose of the measles vaccine and are currently on schedule for the next dose.				<input type="text"/> D.
E. Students that have received their first measles vaccine prior to their 1st birthday.				<input type="text"/> E.
Comments:	<input type="text"/>			

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT

NOTE: Report **only** on those students who were reported *Not-in-Compliance or Conditionally Admitted* in the November report.

- Follow the same instructions for selecting all year-end reports.
- From the list of reports screen, select the report you will be completing.
- Enter the name, title, and telephone number of the person completing the report.

REPORTING REQUIREMENTS FOR EARLY CHILDHOOD PROGRAMS AND SCHOOLS 2015/2016 SCHOOL YEAR	
Child Care	
EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Early Childhood Program facilities.	DUE BY 11/30/2015
Handicapped/Special Education	
KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility.	DUE BY 11/30/2015
TWO DOSE MMR SUMMARY REPORT Required for all Handicapped/Special Education facilities.	DUE BY 11/30/2015
SEVENTH GRADE SUMMARY REPORT	DUE BY 11/30/2015
Head Start	
EARLY CHILDHOOD PROGRAM SUMMARY REPORT Required for all Head Start facilities.	DUE BY 11/30/2015
High School	
TWO DOSE MMR SUMMARY REPORT Required for all High Schools.	DUE BY 11/30/2015
Junior High/Middle School	
TWO DOSE MMR SUMMARY REPORT Required for all Junior High/Middle Schools. In this report enter ONLY immunization information for Junior/Middle school students attending your school.	DUE BY 11/30/2015
SEVENTH GRADE SUMMARY REPORT Required if there is a 7th grade in your facility. In this report enter ONLY immunization information for 7 th grade students. If there is no 7th grade, check the "Does Not Apply" box.	DUE BY 11/30/2015
Kindergarten/Elementary School	
KINDERGARTEN SUMMARY REPORT Required if there is a Kindergarten in your facility. In this report enter ONLY immunization information for your Kindergarten students NOT the entire school. If there is no Kindergarten, check the "Does Not Apply" box.	PRINT RECEIVED 08/07/2015
TWO DOSE MMR SUMMARY REPORT Required for all elementary schools. In this report enter ONLY immunization information for students from Kindergarten through the highest grade level in your elementary school (i.e. 5 th or 6 th grade). If you are a licensed child care provider and have a private kindergarten class in your daycare, only the Measles vaccination information for the kindergarten students should be entered on this report.	PRINT RECEIVED 08/07/2015
KINDERGARTEN YEAR-END REPORT Required if there is a kindergarten in your facility.	DUE BY 06/15/2016
TWO DOSE MMR YEAR-END REPORT Required for all Kindergarten/Elementary Schools.	DUE BY 06/15/2016

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT TOTALS

- The numbers from the November report will appear in the first column.
- These numbers are provided for your information only and should not be included in your year-end totals.
- Report **only on the numbers appearing in the box titled Total**.
- In this example, the report should be for seven students.
- Enter your year-end totals in the blank field at the right of the November numbers.

The original form was filled out by Naxxis .	2015/2016				2015/2016			
	Kindergarten				Kindergarten			
	SUMMARY REPORT				YEAR END REPORT			
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP), DTP/DT or Td	1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				5				<input type="text"/>
Part 3: Students Not-In-Compliance (to be excluded)				7				<input type="text"/>
Part 4: Adequate for School Entry								
a. Number of students with history of chickenpox disease				10				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				10				<input type="text"/>
c. Total Adequate For School Entry (sum of a and b)				20				<input type="text"/>
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report).				38				TOTAL = 12
Part 5: Left School								<input type="text"/>
Part 6: Total Adequate Days Membership (ADM) of students CURRENTLY not in compliance								<input type="text"/>
Part 7: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance.								
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				5				<input type="text"/> A
B. Students with less than the required number of POLIO vaccine doses.				0				<input type="text"/> B
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				0				<input type="text"/> C
D. Students with less than the required number of Hepatitis B vaccine doses.				7				<input type="text"/> D
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				0				<input type="text"/> E
F. Students with less than the required number of Hepatitis A vaccine doses.				0				<input type="text"/> F
G. Students with NO IMMUNIZATION RECORDS.				0				<input type="text"/> G
Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.								
<input type="text"/>								

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT

Part 1: Exemptions:

- Enter the number of students for each vaccine and each type of exemption.
- *Total Exemptions Claimed:* Total will be automatically calculated in **Part 1(G)**.

Part 2: Conditional Admissions:

- Enter the number of students who continue to be conditionally enrolled, meaning they have received at least one dose of each required vaccine and are on schedule for subsequent immunizations.

Part 3: Students Not-in-Compliance :

- Enter the number of students who continue to meet the definition for “Not-in-Compliance.”

The original form was filled out by Maria .

	2015/2016				2015/2016			
	Kindergarten				Kindergarten			
	SUMMARY REPORT				YEAR END REPORT			
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP, DTP, DT or Td)	1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemptions forms you have)	1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions				5				<input type="text"/>
Part 3: Students Not-In-Compliance (to be excluded)				7				<input type="text"/>
Part 4: Adequate for School Entry								
a. Number of students with history of chickenpox disease				10				<input type="text"/>
b. Number of students who have received all doses of each required vaccine for school entry				10				<input type="text"/>
c. Total Adequate For School Entry (sum of a and b)				20				<input type="text"/>
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report).				35				TOTAL = 12
Part 5: Left School								<input type="text"/>
Part 6: Total Aggregate Days Membership (ADM) of students CURRENTLY not in compliance								<input type="text"/>
Part 7: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance.								
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				5				<input type="text"/> A
B. Students with less than the required number of POLIO vaccine doses.				0				<input type="text"/> B
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				0				<input type="text"/> C
D. Students with less than the required number of Hepatitis B vaccine doses.				7				<input type="text"/> D
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				0				<input type="text"/> E
F. Students with less than the required number of Hepatitis A vaccine doses.				0				<input type="text"/> F
G. Students with NO IMMUNIZATION RECORDS.				0				<input type="text"/> G

Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT

Part 4: Adequate for School Entry:

- *Adequate for School Entry* is the number of students who have been vaccinated.
- Part 4(a): *Number of Students with history of chickenpox disease:*
Enter the number of students who had the chickenpox disease.

NOTE: For the purpose of this report, when calculating the number for Part 4(a), do not include the number of exemptions, number of Conditionally Admitted students, or number of students Not-in-Compliance. Include **ONLY** the number of students who have had the chickenpox disease.

The original form was filled out by: Naarin .	2015/2016				2015/2016			
	Kindergarten				Kindergarten			
	SUMMARY REPORT				YEAR END REPORT			
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (DTaP), DTP/DT or Td	1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions					5	<input type="text"/>		
Part 3: Students Not-In-Compliance (to be excluded)					7	<input type="text"/>		
Part 4: Adequate for School Entry								
a. Number of students with history of chickenpox disease					10	<input type="text"/>		
b. Number of students who have received all doses of such required vaccine for school entry					10	<input type="text"/>		
c. Total Adequate For School Entry (sum of found b)					20	<input type="text"/>		
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report).					35	TOTAL = 12		
Part 5: Left School						<input type="text"/>		
Part 6: Total Aggregate Days Membership (ADM) of students CURRENTLY not in compliance						<input type="text"/>		
Part 7: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance.								
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.					5	<input type="text"/>	A.	
B. Students with less than the required number of POLIO vaccine doses.					0	<input type="text"/>	B.	
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.					0	<input type="text"/>	C.	
D. Students with less than the required number of Hepatitis B vaccine doses.					7	<input type="text"/>	D.	
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.					0	<input type="text"/>	E.	
F. Students with less than the required number of Hepatitis A vaccine doses.					0	<input type="text"/>	F.	
G. Students with NO IMMUNIZATION RECORDS.					0	<input type="text"/>	G.	
Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.								
<input type="text"/>								

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT

Part 4: Adequate for School Entry:

- Part 4(b): Number of students who have received all doses of each required vaccine for school entry:

Enter the number of students who have completed all required vaccinations.

NOTE: For the purpose of this report, when calculating the number for Part 4(b), do not include the number of exemptions, number of Conditionally Admitted students, or number of students Not-in-Compliance. Include **ONLY** the number of students who are completely immunized.

- Part 4(c): Total Adequate for School Entry is automatically calculated [sum of Parts 4(a) and 4(b)].

		2015/2016				2015/2016				
		Kindergarten				Kindergarten				
		SUMMARY REPORT				YEAR END REPORT				
The original form was filled out by Naurin .										
Part 1: Exemptions		Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	
A. Diphtheria, Tetanus, and pertussis (DTaP, DTP/DT or Td)		1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
B. Polio		0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
C. Measles, Mumps, and Rubella (MMR)		0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
D. Hepatitis A		0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
E. Hepatitis B		0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
F. Varicella (Chickenpox)		0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)		1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Part 2: Conditional Admissions					5	<input type="text"/>				
Part 3: Students Not-In-Compliance (to be excluded)					7	<input type="text"/>				
Part 4: Adequate for School Entry										
a. Number of students with history of chickenpox/disease					10	<input type="text"/>				
b. Number of students who have received all doses of each required vaccine for school entry					10	<input type="text"/>				
c. Total Adequate For School Entry (sum of a and b)					20	<input type="text"/>				
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report)					38	TOTAL = 12				
Part 5: Left School						<input type="text"/>				
Part 6: Total Anonymous Data Membership (ADM) of students CURRENTLY not in compliance						<input type="text"/>				
Part 7: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance										
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses					5	<input type="text"/>	<input type="text"/>			A
B. Students with less than the required number of POLIO vaccine doses					0	<input type="text"/>	<input type="text"/>			B
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses					0	<input type="text"/>	<input type="text"/>			C
D. Students with less than the required number of Hepatitis B vaccine doses					7	<input type="text"/>	<input type="text"/>			D
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease					0	<input type="text"/>	<input type="text"/>			E
F. Students with less than the required number of Hepatitis A vaccine doses					0	<input type="text"/>	<input type="text"/>			F
G. Students with NO IMMUNIZATION RECORDS					0	<input type="text"/>	<input type="text"/>			G
Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.										
<input type="text"/>										

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORT

Total Number of Students To Be Reported On:

- This number has already been calculated for you.

Part 5: Left School:

- Enter the number of students who left school since you submitted your November report.

Part 6: Total Aggregate Days of Membership:

- For each student who is Not-in-Compliance (Part 3) at the end of school, total the number of days each student attended school while Not-in-Compliance. Then enter the total number of days for all students who are Not-in-Compliance.

The original form was filled out by Nassir .	2015/2016				2015/2016			
	Kindergarten				Kindergarten			
	SUMMARY REPORT				YEAR END REPORT			
Part 1: Exemptions	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption
A. Diphtheria, Tetanus, and pertussis (D TaP), DTP/DT or Td	1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Polio	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Measles, Mumps, and Rubella (MMR)	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Hepatitis A	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Hepatitis B	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Varicella (Chickenpox)	0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Total number of students who claimed an exemption (this is the total number of exemption forms you have)	1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditionally Admitted				5				
Part 3: Students Not-In-Compliance (to be excluded)				7				
Part 4: Adequate for School Entry								
a. Number of students with history of chickenpox disease				10				
b. Number of students who have received all doses of each required vaccine for school entry				10				
c. Total Adequate For School Entry (sum of a and b)				20				
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report).				38	TOTAL = 12			
Part 5: Left School								
Part 6: Total Aggregate Days Membership (ADM) of students CURRENTLY not in compliance								
Part 7: Breakdown of Students Conditionally-Admitted and/or Not-In-Compliance.								
A. Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Students with less than the required number of POLIO vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Students with less than the required number of Measles, Mumps, and Rubella (MMR) vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Students with less than the required number of Hepatitis B vaccine doses.				7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. Students with less than the required number of Hepatitis A vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G. Students with NO IMMUNIZATION RECORDS.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.								
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>								

ONLINE IMMUNIZATION REPORTING FOR SCHOOLS

YEAR-END REPORTS

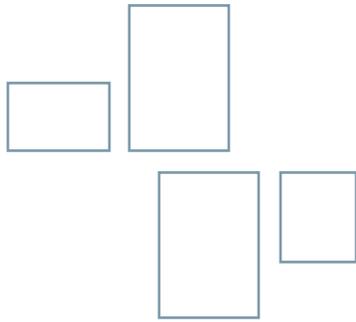
Part 7: Breakdown of Students Conditionally Admitted and Not-in-Compliance:

- If you reported students in Part 2 or 3, enter the number of students in each category.

NOTE: You must complete the comment field if you reported Conditionally-Admitted and/or Not-in-Compliance students.

- Click on Submit and you will return to the list of reports.
- Select the report and print a copy of the completed report for your records.
- Continue the same process until you have completed each required report.

		2015/2016				2015/2016			
		Kindergarten				Kindergarten			
		SUMMARY REPORT				YEAR END REPORT			
The original form was filled out by Naein .									
Part 1: Exemptions									
	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	Medical Exemption	Religious Exemption	Personal Exemption	Total Exemption	
A.	Diphtheria, Tetanus, and pertussis (DTaP), DTP/DT or Td	1	2	0	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	Polio	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.	Mumps, Measles, and Rubella (MMR)	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	Hepatitis A	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.	Hepatitis B	0	0	0	0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.	Varicella (Chickenpox)	0	0	3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G.	Total number of students who claimed an exemption (this is the total number of exemption forms you have)	1	2	3	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Part 2: Conditional Admissions					5	<input type="text"/>			
Part 3: Students Not-In-Compliance (to be excluded)					7	<input type="text"/>			
Part 4: Adequate for School Entry									
a. Number of students with history of chickenpox disease					10	<input type="text"/>			
b. Number of students who have received all doses of each required vaccine for school entry					10	<input type="text"/>			
c. Total Adequate For School Entry (sum of a and b)					20	<input type="text"/>			
Total Number Of Students To Be Reported On (already calculated for you from Conditionally Admitted (Part 2) and Not-In-Compliance (Part 3) from the annual report).					35	TOTAL = 12			
Part 5: Left School						<input type="text"/>			
Part 6: Total Aggregate Days Membership (ADM) of students CURRENTLY not in compliance						<input type="text"/>			
Part 7: Breakdown of Students Conditionally Admitted and/or Not-In-Compliance:									
A.	Students with less than the required number of DTP/DTaP/DT or Td vaccine doses.				5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B.	Students with less than the required number of POLIO vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C.	Students with less than the required number of Mumps, Measles, and Rubella (MMR) vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D.	Students with less than the required number of Hepatitis B vaccine doses.				7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E.	Students with less than the required number of VARICELLA (chickenpox) vaccine doses and/or students with no previous history of varicella (chickenpox) disease.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F.	Students with less than the required number of Hepatitis A vaccine doses.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G.	Students with NO IMMUNIZATION RECORDS.				0	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please explain how your school followed up to ensure these students were ADEQUATELY immunized by the end of the year.									
<input type="text"/>									



P.O. Box 142012 | 288 North 1460 West | Salt Lake City, UT 84114-2012
1-800-275-0659 or 801-538-9450 | www.immunize-utah.org