



Understanding the Utah Immunization Rule for Students

Module II

Utah School Immunization Record for Early Childhood Programs

Utah School Immunization Record

About This Module

Purpose: To provide information to early childhood program personnel regarding requirements pertaining to the Utah School Immunization Record (USIR).

Goal: To improve understanding and usage of the Utah School Immunization Record in Utah Early Childhood Programs.

Objectives:

- Define “official certificate of immunization.”
- Define “appropriate immunization documentation.”
- Describe the vaccines currently required for Early Childhood Program Entry.
- Describe the conditions under which a child qualifies for “all requirements met.”
- Describe appropriate documentation of medical, religious and personal exemptions.
- Define appropriate documentation of Chickenpox disease.
- Describe who is responsible for verifying the USIR.

Official Use of the Utah School Immunization Record – Part I

- Each Early Childhood Program must maintain *hard copies* of official certificates of immunization for every enrolled student to verify each student's immunization status.
- The Utah School Immunization Record (USIR) is the official certificate of immunization for children in Early Childhood Programs.
- The USIR is commonly referred to as the "Pink Card".

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).

Student Information

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

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Perussis, aP-acellular Pertussis)</small>					
Tdap or Td Booster				Tdap is preferred for the 7 th grade requirement, but Td is acceptable.	
Polio					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>*1st dose must be received on or after the 1st birthday</small>					
Measles (Rubeola, 10 day, red measles)**				* if vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.	
Mumps**				** if vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.	
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>*1st dose must be received on or after the 1st birthday.</small>				If a student has history of the chickenpox disease, parent must sign to the right.	
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					

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 Community and Family Health Services
 Immunization Program 04/09
www.immunize-utah.org
 (801)638-9450

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

Authorized Signature: _____ Date: _____ Title: _____

Official Use of the Utah School Immunization Record – Part II

- The USIR may be printed from the Utah Statewide Immunization Information System (USIIS).
- Records printed from USIIS are acceptable as the official immunization record and are considered equivalent to the USIR.



Vaccine Requirements

- The USIR shall document all the vaccines a child has received, including the month, date and year each vaccine was received.
- Children enrolled in Early Childhood Programs must be immunized appropriately for their age with the following immunizations:
 - **DTaP (Diphtheria, Tetanus, and Pertussis)**
 - **Polio**
 - **MMR (Measles, Mumps, Rubella)**
 - **Hepatitis A**
 - **Hepatitis B**
 - **Varicella (chickenpox)**
 - **Haemophilus influenza type b (Hib)**
 - **Pneumococcal**
- * The Utah Immunization Guidebook http://www.immunize-utah.org/pdf/2012-2013_Immunization_Guidebook.pdf has information on each required vaccine and the schedule to be followed, including minimum intervals between each dose.

All Requirements Met

- A child who has received all the required vaccines (*up-to-date*) at the appropriate intervals for all immunizations or claimed an exemption qualifies for *All Requirements Met*.
- Enter the date for All Requirements Met where indicated.
- If a child has an exemption that *does not expire*, enter the date the exemption form was signed under *All Requirements Met* and check the box for the applicable exemption.
- If the child has a temporary medical exemption, check the appropriate box and enter the date the exemption expires where indicated.

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Student Information

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

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DTap, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aPaediatric Pertussis)					
Tdap or Td Booster				Tdap is preferred for the 1 st grade requirement, but Td is acceptable.	
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) [*] <small>1st dose must be received on or after the 1st birthday</small>				* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box. ** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.	
Measles (Rubella, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday</small>				If a student has history of the chickenpox disease, parent must sign to the right.	
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					

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 Community and Family Health Services
 Immunization Program 04/09
www.immzinfo.utah.gov
 (801)455-0400

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

Authorized Signature: _____ Date: _____ Title: _____

Disease Verification

- If a child had the Chickenpox disease, the child does not need the Chickenpox vaccine.
- The parent or legal guardian must sign the USIR verifying history of Chickenpox disease.

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:

Appropriate Immunization Documentation - Vaccines

- No child shall enter a Utah Early Childhood Program without an official certificate of immunization/USIR or an official Medical, Religious or Personal Exemption form, if applicable.
- Any immunization record provided by a licensed physician, registered nurse, or public health official may be accepted by an Early Childhood Program official as a certificate of immunization *provided the following conditions are met:*
 - The types of vaccines and dates given, including the month, date and year are specified,
 - The information must be transferred to the USIR,
 - The USIR must be verified by the officials at the Early Childhood Program.

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Student Information

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

Vaccine Information

VACCINE	Record the month, day, & year vaccine was given.				
	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (Diphtheria, Tetanus, P-F Pertussis, aP-aellular Pertussis)					
Tdap or Td Booster					Tdap is preferred for the 7 th grade requirement, but Td is acceptable.
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)*					
Measles (Rubeola, 10 day, red measles)**					* if vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.
Mumps**					** if vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) *1 st dose must be received on or after the 1 st birthday.					If a student has history of the chickenpox disease, parent must sign to the right.
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					

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. Non-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 Community and Family Health Services
 Immunization Program 04/06
www.immunize.utah.gov
 (801) 538-9400

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

Authorized Signature: _____ Date: _____ Title: _____

Appropriate Immunization Documentation - Exemptions

- Children claiming a medical, religious or personal exemption must submit an official Utah exemption form to the Early Childhood Program official. Any exemption form must be attached to the USIR.
- Religious and personal exemption forms may be obtained at any local public health department. Medical exemption forms may be obtained from a licensed health care provider.

**UTAH DEPARTMENT OF HEALTH
IMMUNIZATION PROGRAM**
www.imm.unh.wa.gov

Personal 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 vaccine. The Utah Department of Health also recognizes that individuals have the right to make the decision, should they choose not to immunize.

As the parent/guardian of the practice of immunization/vaccination, I am opposed to having my child immunized against vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs, the 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 (R009-100) due to my personal opposition to immunizations.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____
Street Address _____ City _____ County _____ Zip Code _____ Date _____

Name of Child (Exempted) (PRINT) _____ Date of Birth _____

Witness (Local Health Officer or Designee) _____ Title _____ Date _____

Name of School or Early Childhood Program _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

YELLOW - Parent/Guardian Utah Department of Health
2010/05/04/000



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 (USIS).

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

VACCINE	Record the month, day, & year vaccine was given				
	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 or Td Booster					<small>Tdap is preferred for the 7th grade requirement, but Td is acceptable.</small>
Polio					
Haemophilus influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) <small>** 1st dose must be received on or after the 1st birthday</small>					<small>** If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.</small>
Measles**					<small>** If vaccine is given as a single antigen, enter the date(s) in the appropriate box.</small>
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>** 1st dose must be received on or after the 1st birthday</small>					<small>** If a student has history of the chickenpox disease, parent must sign to the right.</small>
Hepatitis A (HAV) <small>Not to be reported until after the 1st birthday.</small>					

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 Community and Family Health Services
 Immunization Program 04/03
www.imm.unh.wa.gov
 (801) 538-4900

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

Documenting Exemptions - Part 1

- If a medical exemption is claimed, a Medical Exemption Form must be completed and signed by the student's licensed physician.
- The Medical Exemption Form may be obtained from the child's physician and *must indicate whether the exemption is for one or all immunizations.*
- If a religious or personal exemption is claimed, a Religious or Personal Exemption Form must be completed and signed by the parent/guardian.
- Attach any exemption form to the USIR.

IMMUNIZATION PROGRAM
Utah Department of Health

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 that 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.

The medical exemption is for all immunizations.
This medical exemption is for one immunization (i.e. one vaccine).
All immunizations under this exemption.

This medical exemption is temporary (i.e. pregnancy, long-term illness, immunocompromised condition of one or household member).
Duration of temporary exemption: _____

I hereby request that this child be exempted from the Utah Immunization Rule for Students (R306-102) due to a medical condition for which immunizations are contraindicated.

Name of Physician (PRINT) _____ Signature of Physician _____
Date _____

Name of Child Exempted (PRINT) _____ Date of Birth _____

I understand that if an outbreak of any vaccine-preventable disease occurs, the 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 _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Report (USIR) and other records whenever a transfer occurs. Utah Department of Health (DH) Immunization 0101
YELLOW - Parent/Guardian

IMMUNIZATION PROGRAM
Utah Department of Health

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, the 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 (R306-102) 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) _____ Date of Birth _____

Witness (Local Health Officer or Designee) _____ Title _____ Date _____

Name of School or Early Childhood Program _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Report (USIR) and other records whenever a transfer occurs. Utah Department of Health (DH) Immunization 0101
YELLOW - Parent/Guardian

IMMUNIZATION PROGRAM
Utah Department of Health

Personal 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 have the right to make the decision, should they choose not to immunize.

As the parent/guardian of _____, I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to having my child immunized against vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs, the 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 (R306-102) due to my personal opposition to immunizations.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____
Street Address _____ City _____ County _____ Zip Code _____ Date _____

Name of Child Exempted (PRINT) _____ Date of Birth _____

Witness (Local Health Officer or Designee) _____ Title _____ Date _____

Name of School or Early Childhood Program _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Report (USIR) and other records whenever a transfer occurs. Utah Department of Health (DH) Immunization 0101
YELLOW - Parent/Guardian

Documenting Exemptions - Part 2

- A local health department representative must witness and sign the Religious and Personal Exemption Forms giving the WHITE and YELLOW copies to the parent/guardian.
- The parent/guardian will present the WHITE copy to the Early Childhood Program official.
- The WHITE copy must be attached to the USIR.
- The YELLOW copy is for the parent/guardian.
- The PINK copy will remain with the local health department.

The image displays three overlapping copies of the Utah Department of Health Immunization Program Personal Exemption Form. The forms are color-coded: White (top left), Yellow (middle), and Pink (bottom right). Each form contains the following text:

**Utah Department of Health
IMMUNIZATION PROGRAM
Incentives for Healthy Lives**

Personal 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 have the right to make the decision, should they choose not to immunize.

As the parent/guardian of _____ I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to having my child immunized against vaccine-preventable diseases.

I also understand that if an outbreak of any vaccine-preventable disease occurs, the 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 (R336-100) due to my personal opposition to immunizations.

Name of Parent/Guardian (PRINT) _____ Signature of Parent/Guardian _____
 Street Address _____ City _____ County _____ Zip Code _____ Date _____

Name of Child Exempted (PRINT) _____ Date of Birth _____

Witness (Local Health Officer or Designee) _____ Title _____ Date _____

Name of School or Early Childhood Program _____

NOTE: The WHITE copy must be presented to the school or early childhood program before admission can be approved. The form must accompany the Utah School Immunization Record (USIR) and other records whenever a transfer occurs.

Utah Department of Health
 Child Immunization Unit
 PINK - Local Health Department

Conditionally Admitted Children

- Children with a *temporary medical exemption* are considered *Conditionally Admitted*.
- If all requirements have not been met, but the child has received at least one dose of each required vaccine, enter Conditional Admission date.
- Enter the exemption expiration date, if applicable. Upon expiration of temporary status, immunizations will be required.
- Children have 30 days past the expiration date to either receive the necessary vaccine(s) or obtain another exemption.
- Immunization records of conditionally admitted children should be reviewed routinely to ensure compliance.

**SCHOOL AND EARLY CHILDHOOD
PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: _____

Adequately Immunized
Or Exemption was granted for:

Medical (Expires* on 10/30/09)

Religious

Personal

2. Conditional Admission date: 08/15/09

3. Not-in-Compliance date: _____

***If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.**

Not-in-Compliance

- Upon Early Childhood Program admission, if all requirements have not been met and the child is more than 30 days past due for any immunization, the child is *Not-in-Compliance* and must be excluded from Early Childhood Program.
- If the child subsequently completes all required immunizations, the 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.

**SCHOOL AND EARLY CHILDHOOD
PROGRAM USE ONLY:**

1. ALL REQUIREMENTS MET date: 10/25/09

Adequately Immunized
Or Exemption was granted for:

Medical (Expires* on _____)

Religious

Personal

2. Conditional Admission date: _____

3. Not-in-Compliance date: ~~08/15/05~~

***If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.**

Record Source/Authorized Signature

- The Early Childhood Program official should indicate the source of the original records, such as a doctor, nurse, health department or clinic.
- Once the record has been appropriately completed, the Early Childhood Program official must verify the USIR.

Record Source: **Physician** **Registered Nurse** **Health Dept.**

I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized
Signature: _____ Date: _____ Title: _____