



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	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					Tdap is required for the 7 th grade requirement.
Polio (IPV or OPV)					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* 1 st dose must be received on or after the 1 st birthday					
Measles (Rubeola, 10 day, red measles)**					
Mumps**					
Rubella (German measles, 3 day measles)**					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1 st dose must be received on or after the 1 st birthday.					
Hepatitis A (HAV) Must be received on or after the 1 st birthday.					

* 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.

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

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. 10/11

www.immunize-utah.org
 (801)-538-9450

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: _____