

# UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent record and shall transfer with that school record upon request of the student's legally responsible party.

## Immunization Quick Reference Sheet

For complete rules please refer to the current year Utah Immunization Guidebook found at <https://immunize.utah.gov>

**Student Name** \_\_\_\_\_ **Gender**  Male  Female **Date of Birth** \_\_\_\_\_

**Name of Parent** \_\_\_\_\_  
*All student information needs to be complete. Name, Gender, DOB, Parent name.*

**THIS IS THE MINIMUM AGE & INTERVAL  
All Immunizations have a Four Day Grace Period**

VACCINE	Record the month, day, & year for each vaccine dose that was given.					Status	Due Date	Exemption
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup> /Last			
<b>DTaP, DTP, DT, Td, Tdap</b> <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>	First dose given after 6 weeks old	4 weeks later	4 weeks later	6 months later <small>If 4<sup>th</sup> dose is given on or after 4<sup>th</sup> B-day, 5<sup>th</sup> dose not needed</small>	6 months later <small>For incomplete DTP series for kids &gt;7 years old, see guidebook for rules</small>	*** If the student has immunity from any required immunizations, a healthcare provider statement must be attached to this record and "immunity" written in the status column.		If the student has an exemption, add the type of exemption (personal, medical, religious) and attach the immunization exemption to the USIR card.
<b>Tdap</b> <small>Tdap or an inadvertent DTaP given on or after 10 years of age</small>	Prior to 7th grade entry	<small>*Given after age 7 during catch up series</small>	<b>**Must be given after age 10 to count for 7<sup>th</sup> grade requirement</b> , regardless of interval since last (Td) tetanus/diphtheria containing vaccine					<small>**For a medical exemption a notice signed by a healthcare provider must also be attached.</small>
<b>Polio (IPV or OPV)</b>	First dose given after 6 weeks old	4 weeks later	4 weeks later	6 months later <small>must be at least age 4</small>	<small>If 3<sup>rd</sup> dose is given on/after 4<sup>th</sup> b-day &amp; 6 mo after previous dose, 4<sup>th</sup> dose is not required</small>			
<b>Haemophilus influenzae type b (Hib)</b>	<small>Not required for K entry</small>							
<b>Pneumococcal</b>	<small>Not required for K entry</small>							
<b>Measles, Mumps, and Rubella (MMR)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday</small>	On/After 1 <sup>st</sup> B-day	4 weeks later	<small>If 1<sup>st</sup> dose of MMR is given prior to the 1<sup>st</sup> birthday, it must be repeated</small>					
<b>Hepatitis B (HBV)</b>	Birth	4 weeks later	*8 weeks later <small>child must be 24 weeks of age (6 months old)</small>	<small>*Dose 3 must be given at (a) minimum of 6 mo.(24 wks) of age, (b) 8 weeks after 2<sup>nd</sup> dose and (c) there must be 16 weeks between Dose 1 &amp; Dose 3. Condition (a) must be met before (b) &amp; (c)</small>				
<b>Varicella (Chickenpox)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>	On/After 1 <sup>st</sup> B-day	3 months later <small>**Children &gt;13 years of age need 2 doses, 4 weeks apart</small>	<small>If Varicella and MMR are <b>not</b> given on the same day, 28 days must separate the two vaccines, <u>4-day grace period does not apply</u></small>			<small>If first dose of Varicella is given prior to 1<sup>st</sup> birthday it must be repeated</small>		<small>If a student has had the chickenpox disease, parent must provide a note from doctor.</small>
<b>Hepatitis A (HAV)</b> <small>1<sup>st</sup> dose must be received on or after the 1<sup>st</sup> birthday.</small>	On/After 1 <sup>st</sup> B-day	6 months later						
<b>Meningococcal Conjugate (ACWY)</b>	Prior to 7th grade entry	<small>*Must be given after age 10 to count for 7<sup>th</sup> grade requirement</small>						

**Immunization record received for this student is from:**  A statewide registry  Student's former school  Legally responsible individual of the student

\*Check applicable box

Utah Department of Health  
Division of Disease Control & Prevention  
Immunization Program  
[immunize.utah.gov](https://immunize.utah.gov)  
(801)-538-9450

**Authorized Signature:** \_\_\_\_\_  
Signature must be from healthcare provider, health dept., school official (YOU) \*\*\*CANNOT BE SIGNED BY PARENT

**Date:** \_\_\_\_\_  
Date you reviewed record