UTAH DEPARTMENT OF HEALTH
Immunization Program

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53G-9-306 of the Utah Statutory Code. A school from which a student transfers shall provide the student's immunization record to the student's new school upon request of the student's legally responsible individual. 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 each vaccine was given. 1st	2nd	3rd	4th	5th
DTaP, DTP, DT, Td, Tdap (D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)					
Tdap (given after 7 years of age)					
Polio (IPV or OPV)					
Haemophilus influenzae type b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR) 1st dose must be received on or after the 1st birthday					
Hepatitis B (HBV)					
Varicella (Chickenpox) 1st dose must be received on or after the 1st birthday.					
Hepatitis A (HAV) Must be received on or after the 1st birthday.					
Meningococcal					

*If the student has immunity from the required immunizations, healthcare provider statement must be attached to this Record.

Immunization record received for this student is from: ☐ a statewide registry
☐ student's former school
☐ legally responsible individual of the student

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

Authorized Signature: _____ Date: _____

SCHOOL USE ONLY:

1. **Exemption was granted for:**

☐ Medical reason (Expires* on: _____)

☐ Religious belief

☐ Personal belief

*If the medical exemption is temporary, enter date.

2. **Proof of Immunity (history of disease):**

This student has proof of immunity for the following antigen (s):

☐ MMR

☐ Haemophilus influenza type b (Hib)

☐ Polio ☐ Pneumococcal

☐ Tdap ☐ Varicella (Chickenpox)

☐ DTaP ☐ Meningococcal

☐ Hepatitis A ☐ Hepatitis B

*If the student has past history of disease for any of the vaccines, the student must submit healthcare provider documentation. If the student has past history of disease for any combination vaccines such as MMR, the student must submit healthcare provider documentation for each antigen.

Utah Department of Health
Division of Disease Control & Prevention
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