



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (current folder) as defined in Section 53G-9-306 of the Utah Statutory Code and shall transfer with that school record upon request of the student's legally responsible individual. See back for instructions on how to fill out this form.

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

USIIS ID _____ PIN _____ Student ID Number _____

Vaccine Information

VACCINE	Record the month, day, & year for each vaccine dose was given.					Status	Due Date	Exemption
	1 st	2 nd	3 rd	4 th	5 th			
DTaP, DTP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>								
Tdap								
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>1st dose must be received on or after the 1st birthday.</small>								
Meningococcal Conjugate (ACWY)								

Immunization record received for this student is from: A statewide registry

Student's former school

Legally responsible individual of the student

Authorized Signature: _____ Date: _____

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

Above signature is the signature of the school or health personnel who verified the Utah School Immunization Record (USIR) against the source record(s).

Instructions on how to complete the Utah School Immunization Record

All schools and early childhood programs must have a Utah School Immunization Record (USIR) for each enrolled student. The USIR must be completed by hand or printed from the Utah Statewide Immunization Information System (USIIS). For detailed information on the required immunizations and minimum intervals between vaccines doses, refer to the Utah Immunization Guidebook at immunize.utah.gov.

Instructions for Participating USIIS Users

The following fields will be automatically filled in on the USIR when printed by a participating USIIS User:

- **Student Information:** Student Name, Gender, Date of Birth, Name of Parent/Guardian (if entered on the Demographics page), USIIS ID, and PIN (a number that is given to an individual or a dependent's legal guardian, to obtain access to their immunization records in USIIS). The Student ID will only print when printed from a school that is enrolled in USIIS and has the students linked to that specific school.
- **Vaccine Information:** Dates of vaccines given (1st, 2nd, 3rd, 4th, 5th), Status, and Due Date.

Completing the Form: Verify information is correct, print form, and fill in any of the necessary missing information below by hand.

- **Immunization Record Received For This Student:** Mark "A statewide registry". If you used any other records for verification or missing information also mark "Student's former school" and/or "Legally responsible individual of the student".
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed healthcare provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

Instructions for Non-Participating USIIS Users

- **Student Information:** Fill in the Student Name, Gender, Date of Birth, and Name of Parent/Guardian.

*NOTE - The USIIS ID, PIN, and Student ID are not required fields to be completed by facilities that are not enrolled in USIIS.

- **Vaccine Information:** Fill in the dates (month, day, and year in the appropriate column i.e., 1st, 2nd, 3rd, 4th, 5th) for each of the required vaccines the student has received. Ensure these dates have been verified by a licensed healthcare professional, registered nurse, authorized representative of a local health department, and/or pharmacist that is on the immunization record(s) you received for that student.

*NOTE – Status is only required to be completed if the student has a past history of disease such as chickenpox. Due Date is not a required field to be completed by facilities that are not enrolled in USIIS.

- **Immunization Record Received For This Student:** Mark the source of the record(s) used to complete this document.
- **Proof of Immunity (history of disease):** Mark the status column if the student is claiming immunity against a disease for which vaccination is required because the student previously contracted the disease. A document that includes each antigen being claimed as immune (e.g., varicella, measles, rubella) and signed by a healthcare provider as proof of immunity must be attached to the USIR.
- **Exemption:** Fill in the exemption column with the type of exemption (religious, personal, or medical) if the student has an exemption. Attach a copy of the exemption form to the back of the USIR. For a medical exemption, a written notice signed by a licensed health care provider must also be attached to the USIR.
- **Authorized Signature/Date:** Sign and date – this is the signature of the school or health personnel who verified the USIR against the source record(s).

For further information, visit the Utah Immunization website at immunize.utah.gov or 801-538-9450.



IMMUNIZATION CLINICS



CLÍNICAS DE VACUNACIÓN



Unless otherwise noted:
Appointments are available Monday through Friday from 8:15 am to 4:30 pm, extending to 5:30 pm on Wednesdays.

A menos que se indique lo contrario:
Citas disponibles de lunes a viernes de 8:15 am a 4:30 pm extendirse a 5:30 pm los miércoles.

Salt Lake City Clinic
799 N. Redwood Rd. Suite A
Salt Lake City, UT 84116

Ellis R. Shipp Clinic
4535 South 5600 West
West Valley City, UT 84120

Southeast Clinic
9340 South 700 East
Sandy, UT 84070

South Main Clinic
3690 South Main Street
South Salt Lake, UT 84115

South Redwood Clinic
7971 South 1825 West
West Jordan, UT 84088
*Wednesday hours are
9:45 am to 5:30 pm*

Call for an
appointment
385-468-7468

We accept many insurance carriers, including Medicaid and CHIP. *Please call to confirm coverage or check with your specific plan.* For children 18 years and under with no health insurance or who are American Indian, vaccines are available for \$10.00 to \$14.50 per dose, depending on family income, through the Vaccines for Children (VFC) program. No one will be denied VFC vaccines due to inability to pay.

Aceptamos muchas compañías de seguros, incluyendo Medicaid y CHIP. *Por favor llame para confirmar cobertura o consulte con su plan específico.* Para niños de 18 años y menores que no tienen seguro de salud o que son indio americano, las vacunas están disponibles para \$10.00 a \$14.50 por dosis, dependiendo de los ingresos familiares, a través del programa Vacunas para Niños (VFC). A nadie se le niega vacunas VFC debido a la incapacidad de pago.

Clinica Salt Lake City
799 N. Redwood Rd. Suite A
Salt Lake City, UT 84116

Clinica Ellis R. Shipp
4535 South 5600 West
West Valley City, UT 84120

Clinica Southeast
9340 South 700 East
Sandy, UT 84070

Clinica South Main
3690 South Main Street
South Salt Lake, UT 84115

Clinica South Redwood
7971 South 1825 West
West Jordan, UT 84088
*Los miércoles son horas
9:45 am a 17:30 pm*

Llame para
una cita
385-468-7468

SaltLakeHealth.org



SaltLakeHealth.org

