



Understanding the Utah Immunization Rule for Students

Module I

Laws, Admissions and Requirements

Laws, Admissions and Requirements About This Module

Purpose: To define the law and immunization requirements pertaining to the Utah Immunization Rule for Students.

Goal: To improve administration and application of Utah Early Childhood Program requirements.

Objectives:

- Describe the types of schools for which the Rule applies.
- Define “Adequately Immunized.”
- Define “Adequate for Early Childhood Entry.”
- Describe appropriate immunization documentation.
- Define “USIR.”
- Define “Conditional Admission.”
- Describe the three types of exemptions allowed in Early Childhood Programs.
- Define “Not-in-Compliance.”
- Describe the four-day grace period.
- Describe the conditions for which a child may be excluded.

Utah Statutory Code

To get a better understanding of the law, let's first look at the difference between a rule and a statute.

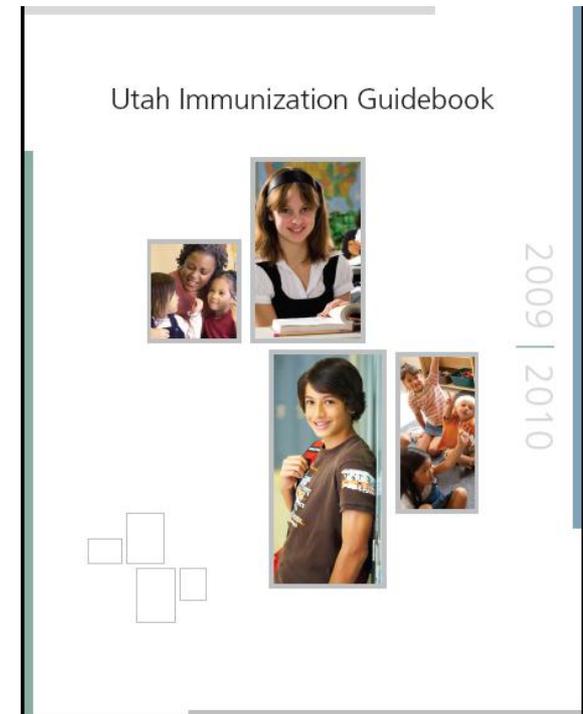
- Statutes are enacted by the Legislature and change only when the Legislature is in session.
- The Utah Department of Health is an authorized agency that can regulate or establish rules.
- [Utah Statutory Code, Title 53A, Chapter 11](#), defines immunization requirements, including procedures for reporting statistical information and non-compliance.



Utah Immunization Rule for Students

Administrative rules have **the binding effect of law**, and unlike statues, can change throughout the year.

- Authorized agencies, such as the Utah Department of Health, do not have to go through the Legislature to change a rule.
- The Utah Immunization Rule for Students is an administrative rule under the [Utah Health Code, Section R396-100](#). It *implements* the requirements established under the Statutory Code.
- The Rule defines all vaccine requirements, admission requirements, exemptions to the Rule, official documents required, reporting requirements, exclusion procedures and penalties for non-compliance.



Admission

The Rule states that ALL children enrolled in an Early Childhood Program MUST have an immunization record that documents ALL required vaccines received.

- *Adequately Immunized* means a child has received all the required immunizations or vaccines PRIOR to admission.
- A child is considered *Adequate for Early Childhood Program Entry* if the child meets any of the following conditions:
 - received all the required vaccines;
 - claimed an exemption; or
 - is conditionally enrolled.

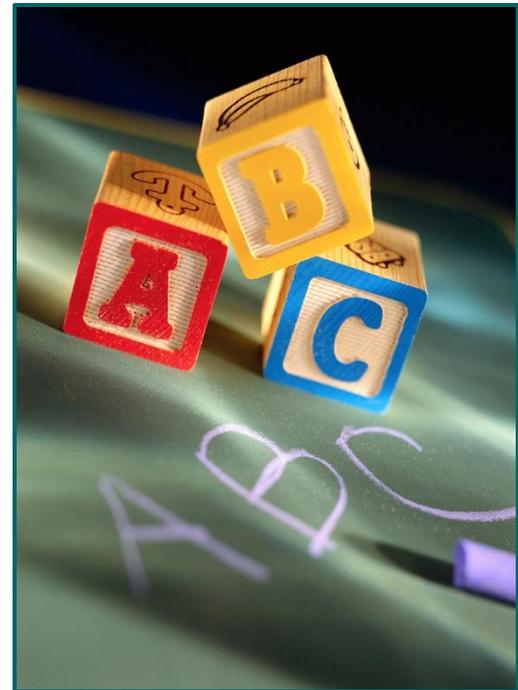


NOTE: If a child does not have all the required vaccines, the child should not be admitted to early childhood program. There are exceptions to this Rule: Conditional Admission and Exemption.

Exceptions to the Rule - Conditional Admission

Conditional Admission: A child who has received at least one dose of each required vaccine and is currently on schedule to receive the next vaccine(s) may be conditionally admitted.

- If the vaccine(s) are one month past due the scheduled time for receiving the vaccine(s), the child will be considered *not-in-compliance* and the exclusion process must begin.
- Immunization records of conditionally admitted children or those not-in-compliance should be reviewed routinely to determine compliance.



i **This means:** If a child is eligible to receive any vaccines, the child should not be admitted until the next doses are received.

Exceptions to the Rule - Exemptions

The Rule allows the following exemptions for Early Childhood Program Entry:

- *Medical*
- *Religious*
- *Personal*

- Each exemption claimed **MUST** be accompanied by the appropriate Utah exemption form.
- Personal and Religious exemption forms may be obtained at any Utah [public health department](#).
- Medical exemption forms may be obtained from the child's physician or licensed health care provider.

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 local school 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 more immunizations).
Duration of temporary exemption: _____

I hereby request that this child be exempted from the Utah Immunization Rule for Students (R366-102) 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 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.

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.
YELLOW - Parent/Guardian Utah Department of Health (R366-102)

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 (R366-102) 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.
YELLOW - Parent/Guardian Utah Department of Health (R366-102)

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 (R366-102) 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.
YELLOW - Parent/Guardian Utah Department of Health (R366-102)

Claiming An Exemption

- A *Medical exemption* may be claimed for a child from a licensed physician stating that due to the child's current physical condition receiving one or more vaccines may endanger the child's health or life.
- A *Religious exemption* may be claimed for a child from a valid member of a specified, recognized religious organization whose teachings are opposed to immunizations.
- A *Personal or Philosophical exemption* may be claimed for a child whose parents/guardians are opposed to immunization based on personal belief.



Documentation Requirements

- Appropriate immunization documentation must be provided BEFORE a child enters a early childhood program.
- Appropriate documentation is a record of all vaccines the child has received, including the month, date and year each vaccine was given.
- The Utah School Immunization Record (USIR), commonly called the "Pink Card," is the official immunization record for all children who are enrolled in any early childhood program.
- Transfer information from any other records to the USIR.
- Attach any exemption form to the USIR.

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 Information
 Record the month, day, & year vaccine was given:

| VACCINE | 1 st | 2 nd | 3 rd | 4 th | 5 th |
|--|-----------------|-----------------|-----------------|-----------------|---|
| DTP, DTaP, DT, Td, Tdap <small>(Diphtheria, Tetanus, 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> | | | | | |
| Measles (Rubella, 10 day, red measles) ^{**} | | | | | <small>[*] If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.</small> |
| Mumps ^{**} | | | | | <small>^{**} If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.</small> |
| 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>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

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 04/06
www.imm.unh.utah.gov
 (801) 438-6460

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: _____

Not-in-Compliance

A child with any of the following conditions is considered *not-in-compliance*:

- Received fewer than the required number of vaccine doses, and is one month past due for the next doses,
- Received one or more vaccine doses at less than the minimum interval or minimum age,
- Has not received any doses of the required vaccines and has not claimed an exemption,
- Has no official immunization record.

UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record and shall transfer with the student's school record to any new school. This record shall have access to this record. This immunization record may be entered into the Utah Immunization Registry.

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

Vaccine Information
Record the month, day, & year vaccine was given.

| VACCINE | 1 st | 2 nd | 3 rd | 4 th |
|--|-----------------|-----------------|-----------------|-----------------|
| DTP, DTaP, DT, Td, Tdap (Diphtheria, Tetanus, Pertussis) | | | | |
| Tdap or Td Boosters | | | | |
| Polio | | | | |
| Haemophilus In | | | | |
| Pneumococcal | | | | |
| Measles, Mumps (MMR)* | | | | |
| Measles (Rubella) | | | | |
| Mumps** | | | | |
| Rubella (German measles) | | | | |
| Hepatitis B (HBV) | | | | |
| Varicella (Chickenpox) * 1 st dose must be received on or after 12 months of age ** Must be received on or after the 1 st birthday | | | | |
| Hepatitis A (HAV) | | | | |

Record Source: Physician Registrar
I have reviewed the records available and _____
Authorized Signature: _____ Title: _____

Department of Health and Family Services
Immunization Program 0409
www.immunize-utah.org
(801) 538-9450

Four-Day Grace Period

Utah allows a *four-day grace period* for auditing or record review purposes only. This time frame allows the early childhood program authority reviewing the records to apply a four-day period for a student who received doses of any vaccine too early. The following conditions apply:

- The grace period shall not exceed four days,
- This grace period shall not be used to schedule vaccine doses that are due.



i This means: Vaccine doses given up to four days before the minimum interval or age can be counted as valid doses. Doses given five days or earlier should not be counted as valid doses and should be repeated.

Exclusion

A local or state health representative may exclude (physically dismiss) a child who meets any of the following conditions:

- Has claimed an exemption to one or more vaccines or is conditionally admitted and there is good cause to believe the child may be exposed to a vaccine preventable disease,
- Has been exposed to a vaccine preventable disease as a result of early childhood program attendance,
- Is conditionally admitted and has failed to obtain the vaccines required within the specified time period.



Exclusion - Written Notice

A written notice of a pending suspension and of the child's rights under Utah Code 53A-11-302 shall be mailed beginning five days after the conditional enrollment period ends. See [Utah Code 53A-11-306](#).

i **NOTE:** An excluded child may not attend an early childhood program until the local health officer is satisfied that the child is no longer at risk of getting or spreading a vaccine preventable disease.





Administering the Utah Immunization Rule for Students

- Vaccines are one of the most important public health tools available for preventing disease.
- As more and more vaccines are licensed, the more complicated the immunization schedule becomes. The schedule can be confusing for parents and early childhood program officials resulting in unnecessary exclusion of children.
- It is important that early childhood program officials use the utmost discretion and adhere to the guidelines in these modules when administering the Rule.
- If you are uncertain how to interpret or apply a rule, please contact the Utah Immunization Program at 801-538-9450 or email immunize@utah.gov for assistance.