



School Immunization Toolkit

*Look inside for tools to
help schools with
immunization records,
requirements, referrals,
and reports.*





Division of Public Health Services

Office of the Assistant Director

Public Health Preparedness Services

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JANICE K. BREWER, GOVERNOR
WILL HUMBLE, DIRECTOR

Dear School Health Office,

The ADHS Immunization program office is pleased to provide this tool kit for school use. It was designed to assist those in the health office with immunization associated tasks. Within this kit you will find:

- How to enroll in our online registry- “AZ State Immunization Information System” (ASIIS)
- Filling out and understanding forms associated with immunizations such as:
 - * Requirements form
 - * Screening and Referral form
 - * Exemption forms
 - * Arizona State Immunization Record (ASIR) form
- Tips on how to complete the annual Immunization Data Report (IDR)

This is intended to be a brief toolkit that one may reference for these essential tasks. For more detailed information please refer to our “Arizona Guide to School and Childcare Immunization Requirements” [here](#). This is also where you will find the link to this toolkit as well as the childcare specific toolkit. You may also visit our website for more education materials and school related documentation at <http://azdhs.gov/phs/immunization/school-childcare/index.htm>.

Respectfully,

A handwritten signature in black ink, appearing to read "Alexandra Bhatti".

Alexandra Bhatti, MPH, JD*
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Health and Wellness for all Arizonans




- Ask the parent/guardian for the student's immunization record(s) at the time of enrollment.
- Check with the student's past school for immunization records.
- Enroll in ASIIS, the Arizona Immunization Information System, so that you can look up the immunization records of students.
- Click [here](#) to access ASIIS enrollment forms.

ASIIS

AZ State Immunization Information System
A List of Kids Records

AS EZ AS 1, 2, 3.




Free To Enroll

Go to www.azdhs.gov

Call 602-364-3899 or
toll free 877-491-5741

Get started today




Easy To Use

Web based application

Access to centralized,
record keeping system

Stores all childhood immunization
information (since 1998)






Benefits To You

Look up children's
immunization records

Print official immunization
records for files

Retrieve missing immunization
information







Arizona School Immunization Requirements: Kindergarten - 12th Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://azdhs.gov/phs/immunization/school-childcare/requirements.htm>. Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
 - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

Please check requirements for each child's age and grade level in the chart below.

Age → Grade → Vaccine ↓	Under age 7	7 – 10 years	11 years and older
	Kindergarten and above	Kindergarten-5 th grade	6 th through 12 th grade
DTaP <small>(Proof of DTP or DT counts toward DTaP requirement)</small>	4-5* doses At least 1 dose at 4 years of age or older is required. *A 6 th dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age. Or 4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age. Tdap may be counted to meet the requirements above. Tdap is <u>not</u> required for 11 year olds until they enter 6 th grade.	<u>1 Tdap dose is required for students 11 years and older.</u> Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose. Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses. Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
Td			
Tdap			
Meningococcal		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
Polio	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
MMR	2 doses A 3 rd dose will be required if dose #1 was given before more than 4 days before the 1 st birthday.		
Hepatitis B	3 doses A 4 th dose will be required if the third dose was given before 24 weeks of age.		
Varicella	1 dose is required if the 1 st dose was given before 13 years of age. 2 doses are required if the 1 st dose was given at 13 years of age or later. Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

Select [English](#) or [Spanish](#) to access the *Arizona School Immunization Requirements: Kindergarten—12th Grade*.



Immunization Screening and Referral Form for School K-12th Grade

Our records show that your child has not received all immunizations required for school attendance by Arizona State Law (Arizona Revised Statutes §15-872).
The immunization doses required now are circled or highlighted.



Student Name: _____ Date of Birth: _____

School Name: _____ Date of Notice: _____

Contact Person at School: _____ Phone Number of School: _____

In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. Lack of proper documentation may result in your child being excluded from school until such documentation is provided to your school health office. Your child's immunization record with the below missing immunization(s) or a valid exemption form must be submitted:

By this Date: _____

1. If your child has already received the necessary immunization(s), bring his or her immunization record to the school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician, local health department, or other vaccine provider to get required immunization(s) and/or records. Then bring this form and the updated record back to school.

School Staff: Please Circle or Highlight the Missing Required Dose(s) for the Corresponding Required Vaccine(s).

School Required Vaccine	Dose Missing					
DTaP/DT (Diphtheria, Tetanus, Pertussis)	1	2	3	4	5 [*]	6 [*]
Td (Tetanus, Diphtheria)	1	2	3 [*]	4 [*]		
Tdap (Tetanus, Diphtheria, Pertussis)	1					
IPV (Polio)	1	2	3	4 [*]		
MMR (Measles, Mumps, Rubella)	1	2	3 [*]			
Hepatitis B	1	2	3	4 [*]		
Varicella (Chicken pox)***	1	2				
Meningococcal	1	2 [*]				
CDC Recommended Vaccine**	Dose Missing					
Hepatitis A	1	2				
HPV (Human Papillomavirus)	1	2	3			
Seasonal Influenza (Flu)	1					

- * Indicates that a second dose is highly recommended by the CDC but not required.
- ** CDC: Center for Disease Control and Prevention → through the Advisory Committee on Immunization Practices (ACIP) recommends routine vaccinations to prevent vaccine-preventable diseases. While most vaccinations are required by the State of Arizona for school entry, there are other recommended immunizations your child may need.
- *** Students attending school in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall. Students enrolling in school in Arizona for the first time after 9/1/2011 must present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. A second dose is not required unless it is given at 13 years or older.
- * Exceptions exist for these particular doses- see the 2014-2015 required immunizations for details and guidance:
<http://azdhs.gov/phs/immunization/documents/school-childcare/2014-2015-school-year-immunization-requirements.pdf>

ADHS-Arizona Immunization Program Office: (602)-364-3633

Updated: August 2014

Select [Here](#) for the Immunization Screening and Referral Form for School K—12th Grade both English & Spanish



Jack Bauer, Date of Birth 1/16/2009

- Five-year-old kindergarten student, Jack, is transferring into your school.
- Jack's record below shows proof that he meets DTaP, Polio, MMR and Varicella requirements, as listed on page 3. He is missing Hepatitis B #3.
- Jack is also missing two *recommended* vaccine doses, Hepatitis A #2 and Varicella #2, that are not required for school.
- On the Immunization Screening and Referral Form for Jack below, the required dose of Hepatitis B vaccine has been circled, along with the recommended doses of Hepatitis A and varicella.
- The Immunization Screening and Referral Form will be given to Jack's parents, who must provide proof of Hepatitis B #3, because it is required for school attendance.

Patient Vaccination Record				
Summary (Does not include all vaccine types)				
Name: Jack Bauer				
Birth Date: 1/16/2009				
Sex: Male				
Vaccine Family	Dose 1	Dose 2	Dose 3	Dose 4
DTaP/DTP/Td	05/18/2009 4 months	08/11/2009 6 months	06/05/2010 16 months	08/17/2013 4 years
OPV/IPV	05/18/2009 4 months	08/11/2009 6 months	08/17/2013 4 years	
MMR	01/18/2010 12 months	08/17/2013 5 years		
Hib	05/18/2009 4 months	08/11/2009 6 months	06/05/2010 16 months	
Hep A	01/18/2010 12 months			
Hep B - 3 Dose	01/16/2009 0 days	10/19/2009 9 months		
Varicella	01/18/2010 12 months			
Rotavirus	05/18/2009 4 months	08/11/2009 6 months		
Influenza	10/19/2009 9 months	01/18/2010 12 months	12/08/2010 22 months	05/12/2011 26 months
Pneumo (PCV)	05/18/2009 4 months	08/11/2009 6 months	01/18/2010 12 months	06/05/2010 16 months

Arizona Department of Health Services

Immunization Screening and Referral Form for School K-12th Grade

One records show that your child has not received all immunizations required for school attendance by Arizona State Law (Arizona Revised Statutes §15-872). The immunization doses required now are circled or highlighted.

Arizona Department of Education

Student Name: Jack Bauer Date of Birth: 1/16/09

School Name: _____ Date of Notice: _____

Contact Person at School: _____ Phone Number of School: _____

In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. Lack of proper documentation may result in your child being excluded from school until such documentation is provided to your school health office. Your child's immunization record with the below missing immunization(s) or a valid exemption form must be submitted:

By this Date: _____

1. If your child has already received the necessary immunization(s), bring his or her immunization record to the school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician, local health department, or other vaccine provider to get required immunization(s) and/or records. Then bring this form and the updated record back to school.

School Staff, Please Circle or Highlight the Missing Required Dose(s) for the Corresponding Required Vaccine(s).

School Required Vaccine	Dose Missing					
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis)	1	2	3	4	5*	6*
Td (Tetanus, Diphtheria)	1	2	3*	4*		
Tdap (Tetanus, Diphtheria, Pertussis)	1					
IPV (Polio)	1	2	3	4*		
MMR (Measles, Mumps, Rubella)	1	2	3*			
Hepatitis B	1	2	3	4*		
Varicella (Chicken pox)***	1	2				
Meningococcal	1	2*				
CDC Recommended Vaccine**	Dose Missing					
Hepatitis A	1	2				
HPV (Human Papillomavirus)	1	2	3			
Seasonal Influenza (Flu)	1					

* Indicates that a second dose is highly recommended by the CDC but not required.
 ** CDC: Center for Disease Control and Prevention → through the Advisory Committee on Immunization Practices (ACIP) recommends routine vaccinations to prevent vaccine-preventable diseases. While most vaccinations are required by the State of Arizona for school entry, there are other recommended immunizations your child may need.
 *** Students attending school in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall. Students enrolling in school in Arizona for the first time after 9/1/2011 must present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal belief. A second dose is not required unless it is given at 13 years or older.
 * Exemptions exist for these particular doses- see the 2014-2015 required immunizations for details and guidance:
<http://azdhs.gov/phs/immunization/documents/school-children/2014-2015-school-year-immunization-requirements.pdf>



Joni Cunningham, Date of Birth 3/9/2005

- Joni is a 9-year-old 4th grader who transferred into your school in October, 2014, when you reviewed the requirements on page 3.
- Joni did not receive the required 4th dose of DTaP when she entered kindergarten. Joni is now too old for DTaP vaccine. A dose of Td* is required and has been circled on the Immunization Screening and Referral form below.
- The 3rd polio dose on Joni's record was given before 4 years of age. A 4th polio dose is required and is circled on the form below.
- Joni's record shows that she did not complete the Hepatitis A series and she has not received flu vaccine. Hepatitis A #2 and Influenza #1 have been circled on the form as CDC-recommended vaccine doses.
- Joni's parents must provide proof of a dose of Td* and the 4th dose of Polio vaccine because they are required.

Name: Joni Cunningham		Date of Birth: 3/9/05				
Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr	
(DTaP/DTP/DT) Diphtheria, Tetanus, Pertussis	5/17/05	7/18/05	3/19/07	/ /	/ /	
Signature of Provider	Best Peds	Best Peds	Best Peds			
(IPV) Polio	5/17/05	7/18/05	3/19/07			
Signature of Provider	Best Peds	Best Peds	Best Peds			
(Hib) Haemophilus influenzae type B	5/17/05	7/18/05	3/19/07			
Name of Hib Manufacturer	Sanofi	Sanofi	Sanofi			
Signature of Provider	Best Peds	Best Peds	Best Peds			
(PCV7) Pneumococcal Conjugate	5/17/05	7/18/05	3/19/07			
Signature of Provider	Best Peds	Best Peds	Best Peds			
(Hep B) Hepatitis B	4/5/05	7/18/05	3/19/07			
Signature of Provider	Best Peds	Best Peds	Best Peds			
(Hep A) Hepatitis A	3/19/07	/ /	/ /			
Signature of Provider	Best Peds					
(RV) Rotavirus	/ /	/ /	/ /			
Signature of Provider						
(MMR) Measles, Mumps, Rubella	11/7/06	3/27/10	/ /			
Signature of Provider	LCHD	LCDH				
(VAR) Varicella <input checked="" type="checkbox"/> box if Hx of chickenpox	11/7/06	3/27/10	/ /			
Signature of Provider	LCHD	LCDH				
(Flu) Influenza	/ /	/ /	/ /			
Signature of Provider						
(HPV) Human Papilloma Virus	/ /	/ /	/ /			
Signature of Provider						
(Td) Tetanus, Diphtheria	/ /	/ /	/ /			
Signature of Provider						
(Tdap) Tetanus, Diphtheria, Pertussis	/ /	/ /	/ /			
Signature of Provider						
(MCV4) Meningococcal Conjugate	/ /	/ /	/ /			
Signature of Provider						

*Note: Tdap is not required for 7-10 year olds, but Tdap may be given to meet the Td requirement, per the health care provider's decision.

Student Name: Joni Cunningham Date of Birth: 3/9/05

School Name: _____ Date of Notice: _____

Contact Person at School: _____ Phone Number of School: _____

In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. Lack of proper documentation may result in your child being excluded from school until such documentation is provided to your school health office. Your child's immunization record with the below missing immunization(s) or a valid exemption form must be submitted:

By this Date: _____

- If your child has already received the necessary immunization(s), bring his or her immunization record to the school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine.
- If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician, local health department, or other vaccine provider to get required immunization(s) and/or records. Then bring this form and the updated record back to school.

Immunization Screening and Referral Form for School K-12th Grade

One record shows that your child has not received all immunizations required for school attendance by Arizona State Law (Arizona Revised Statutes §15-872). The immunization doses required now are circled or highlighted.

School Required Vaccine	Dose Missing					
	1	2	3	4	5*	6*
DTaP/DTP/DT (Diphtheria, Tetanus, Pertussis)						
Td (Tetanus, Diphtheria)	1	2	3*	4*		
Tdap (Tetanus, Diphtheria, Pertussis)	1					
IPV (Polio)	1	2	3	4*		
MMR (Measles, Mumps, Rubella)	1	2	3*			
Hepatitis B	1	2	3	4*		
Varicella (Chicken pox)***	1	2				
Meningococcal	1	2*				

CDC Recommended Vaccine**	Dose Missing					
	1	2	3			
Hepatitis A	1	2				
HPV (Human Papillomavirus)	1	2	3			
Seasonal Influenza (Flu)	1					

* Indicates that a second dose is highly recommended by the CDC but not required.
** CDC: Center for Disease Control and Prevention → through the Advisory Committee on Immunization Practices (ACIP) recommends routine vaccinations to prevent vaccine-preventable diseases. While most vaccinations are required by the State of Arizona for school entry, there are other recommended immunizations your child may need.
*** Students attending school in Arizona prior to 9/1/2011 with parental recall of chicken pox disease are allowed to continue attendance with recall. Students enrolling in school in Arizona for the first time after 9/1/2011 must present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal history. A second dose is not required unless it is given at 13 years or older.
* Exemptions exist for these particular doses- see the 2014-2015 required immunizations for details and guidance:
<http://azdhs.gov/phs/immunization/documents/school-childcare/2014-2015-school-pre-communication-requirements.pdf>



Joshua Alvarez, Date of Birth 5/7/00

- Joshua is a 14-year-old who entered 9th grade in August, 2014.
- He received a Td booster more than 5 years ago, after a dog bite in March 2009.
- Joshua is missing Tdap and meningococcal vaccine, which the requirements on page 3 indicate are mandatory for his age and grade level.
- He has not received any of the CDC-recommended HPV vaccine, and did not complete the Hepatitis A series.
- Tdap and meningococcal vaccines are circled as required vaccines on the Immunization Screening and Referral Form below. Hepatitis A #2 and HPV #1 are circled as recommended vaccines.
- Joshua's parents must provide proof of the required Tdap and meningococcal vaccines.

Name: Joshua Alvarez		Date of Birth: 5/7/00				
Type of Vaccine	1st Mo/Day/Yr	2nd Mo/Day/Yr	3rd Mo/Day/Yr	4th Mo/Day/Yr	5th Mo/Day/Yr	
(DTaP/DT) Diphtheria, Tetanus, Pertussis	7/25/00	10/1/00	12/10/00	1/15/02	5/28/05	
Signature of Provider	Dr. Smith	Dr. Smith	Dr. Smith	Dr. Smith	LCDPH	
(IPV) Polio	7/25/00	10/1/00	12/10/00	1/15/02	/ /	
Signature of Provider	Dr. Smith	Dr. Smith	Dr. Smith	Dr. Smith		
(Hib) Haemophilus influenzae type B	7/25/00	10/1/00	1/15/02			
Name of Hib Manufacturer	merck	merck	merck			
Signature of Provider	Dr. Smith	Dr. Smith	Dr. Smith			
(PCV7) Pneumococcal Conjugate	/ /	/ /	/ /			
Signature of Provider						
(Hep B) Hepatitis B	5/7/00	10/1/00	12/10/00			
Signature of Provider	St Frances	Dr. Smith	Dr. Smith			
(Hep A) Hepatitis A	5/28/05	/ /	/ /			
Signature of Provider	LCDPH					
(RV) Rotavirus	/ /	/ /	/ /			
Signature of Provider						
(MMR) Measles, Mumps, Rubella	1/15/02	5/28/05	/ /			
Signature of Provider	Dr. Smith	LCDPH				
(VAR) Varicella <input checked="" type="checkbox"/> box if Hx of chickenpox	3/5/02	5/28/05	/ /			
Signature of Provider	Dr. Smith	LCDPH				
(Flu) Influenza	/ /	/ /	/ /			
Signature of Provider						
(HPV) Human Papilloma Virus	/ /	/ /	/ /			
Signature of Provider						
(Td) Tetanus, Diphtheria	6/7/2009	/ /	/ /			
Signature of Provider	St Frances					
(Tdap) Tetanus, Diphtheria, Pertussis	/ /	/ /				
Signature of Provider						
(MCV4) Meningococcal Conjugate	/ /	/ /				
Signature of Provider						

		Immunization Screening and Referral Form for School K-12th Grade One record shows that your child has not received all immunizations required for school attendance by Arizona State Law (Arizona Revised Statutes §15-872). The immunization doses required now are circled or highlighted.				
Student Name: <u>Joshua Alvarez</u>		Date of Birth: <u>5/7/00</u>				
School Name: _____		Date of Notice: _____				
Contact Person at School: _____		Phone Number of School: _____				
In accordance with Arizona State Law, students must have proof of all required immunizations, or a valid exemption, in order to attend school. Lack of proper documentation may result in your child being excluded from school until such documentation is provided to your school health office. Your child's immunization record with the below missing immunization(s) or a valid exemption form must be submitted.						
By this Date: _____						
1. If your child has already received the necessary immunization(s), bring his or her immunization record to the school. The record must show the child's name, date of birth, the date that all doses were received, and the name of the physician or health agency who administered the vaccine. 2. If your child has not received the necessary immunizations, take your child's immunization record and this form to your physician, local health department, or other vaccine provider to get required immunization(s) and/or records. Then bring this form and the updated record back to school.						
School Staff, Please Circle or Highlight the Missing Required Dose(s) for the Corresponding Required Vaccine(s).						
School Required Vaccine	Dose Missing					
DTaP/DT (Diphtheria, Tetanus, Pertussis)	1	2	3	4	5*	6*
Td (Tetanus, Diphtheria)	1	2	3*	4*		
Tdap (Tetanus, Diphtheria, Pertussis)	1					
IPV (Polio)	1	2	3	4*		
MMR (Measles, Mumps, Rubella)	1	2	3*			
Hepatitis B	1	2	3	4*		
Varicella (Chicken pox)***	1	2				
Meningococcal	1	2*				
CDC Recommended Vaccine**						
Hepatitis A	1	2				
HPV (Human Papillomavirus)	1	2	3			
Seasonal Influenza (Flu)	1					



What if the parent requests an exemption and wants to sign a form instead of bringing in the student's immunization record?

- Tell the parent about the immunization exemptions available to students in Kindergarten through 12th grade.
 1. Personal beliefs exemptions for K-12 students whose parents have personal beliefs in opposition to one or more vaccines.
 - Note: Personal exemptions are not available in childcare or preschool.
 2. Medical exemptions for students whose physician or nurse practitioner attests to medical reasons why the student should not be vaccinated.
- Avoid including exemption forms in registration packets because this practice encourages the use of exemptions for “convenience” reasons.
- Ask for records of any immunizations the student has received.
 1. Check ASIIS and past schools for records of immunization.
 2. In an outbreak, you will need to know whether or not the students have been immunized.
- Give the parent the current, July 2013, official ADHS exemption form upon request.
 1. Provide the ADHS “Medical Exemption Form,” if the parent says there are medical reasons why the student cannot be vaccinated. All medical exemptions must be completed and signed by the health care provider before you accept them from the parent/guardian.
 2. Provide the ADHS “Personal Beliefs Exemption Form,” to parents who state that vaccination is against their personal beliefs.
- Make a copy of the exemption form submitted to the school and give it to the parent.
 1. Review the form to make sure all areas are completed.
 2. Make note of temporary medical exemptions and their expiration date(s) so that you may follow up on them at the time of expiration.
- Provide parents with a new exemption form when a student changes schools, new requirements are made, or the official ADHS exemption form changes.



Personal Beliefs Exemption Form

Kindergarten – 12th Grade Only

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	Diphtheria (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	Tetanus (DTaP, DT, Tdap, Td): I have been informed that by not receiving this vaccine, my child is at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	Pertussis (Whooping Cough) (DTaP, Tdap): I have been informed that by not receiving this vaccine, my child is at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Polio (IPV): I have been informed that by not receiving this vaccine, my child is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	Measles, Mumps Rubella (MMR): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____
<input type="checkbox"/>	Hepatitis B: I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	Varicella (Chickenpox): I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	Meningococcal: I have been informed that by not receiving this vaccine, my child is at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: neurological damage, sepsis, permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials _____

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (www.azdhs.gov/phs/immun/index.htm).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school for up to 3 weeks or until the risk period ends.

Child's Name _____ Date of Birth (month/day/year) _____

Parent/Guardian Signature _____ Date (month/day/year) _____



Arizona law requires that schools, preschools and childcare facilities obtain this form, completed by a physician or registered nurse practitioner, in order for a child to be exempted from immunization requirements for medical reasons.

Medical Exemption Form

This is the official ADHS-provided form used by physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a history of Varicella (chicken pox) disease.

Child's Name _____ Date of Birth _____

To be completed by a physician or registered nurse practitioner to exempt a child from childcare or school immunization requirements.

Printed Name of Physician or Nurse _____

Signature of Physician or Nurse _____ Date _____

Please list each vaccine included in the exemption and the reason for the exemption:

Please indicate whether this is a permanent exemption ☐ or a temporary exemption ☐

If the exemption is temporary, please list the date the exemption ends _____

Parent/Guardian Section:

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare and/or school until the risk period ends, which may be up to 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. (www.azdhs.gov/phs/immun/index.htm).

Parent/Guardian Signature _____ Date _____

Arizona Revised Statutes 15-873, <http://www.azleg.state.az.us/ars/15/00873.htm>, and Arizona Administrative Code, R9-5-305, http://www.azsos.gov/public_services/Title_09/9-05.htm, and R9-6-706, http://www.azsos.gov/public_services/Title_09/9-06.htm describe the requirements for medical exemptions in childcare and school settings.

ADHS Immunization Program Office <http://www.azdhs.gov/phs/immunization/> July 1, 2013

Select [English](#) or [Spanish](#) to access the *Medical Exemption Form*.



Immunization Recordkeeping Requirements

- An Arizona School Immunization Record form must be completed for each student, per ARS §15-874.
- Records printed from a school's computerized recordkeeping system are acceptable as long as the format of records matches the official Arizona School Immunization Record (ASIR) shown below.
- A fillable master copy of the ASIR may be downloaded and completed by computer, or printed and copied for completion by hand.
- Schools may order free copies of the Arizona School Immunization Record from the Arizona Department of Health Services, Immunization Program Office, by completing the order form posted [here](#).

ARIZONA SCHOOL IMMUNIZATION RECORD For use in grades K-12									
This form is to be completed by school staff from immunization records provided by parent or guardian and supplemented by information from ASIS. See reverse side for instructions.									
I. IDENTIFICATION INFORMATION									
Child's Name <i>Nombre De Niño</i>						Birth Date <i>Fecha De Nacimiento</i>			
Entry Grade (Circle) <i>Grado (Marque Con Circulo)</i>						Sex <i>Sexo</i>			
K 1 2 3 4 5 6 7 8 9 10 11 12						Male <i>Niño</i> <input type="checkbox"/> Female <i>Niña</i> <input type="checkbox"/>			
REQUIRED FOR SCHOOL	II. IMMUNIZATIONS								
	(DTaP/DTP) Diphtheria, Tetanus & Pertussis <i>Difteria, Tetano y Tos Ferina</i>								
	(Td) Tetanus & Diphtheria <i>Tetano y Difteria</i>								
	(Tdap) Tetanus, Diphtheria, acellular Pertussis <i>Tetano, Difteria y Tos Ferina</i>								
	(IPV/OPV) Polio Vaccine <i>Vacuna Antipoliomielitica</i>								
	(MMR) Measles, Mumps & Rubella <i>Sarampión, y Paperas, y Rubéola</i>								
	(Hep B) Hepatitis B <i>La Vacuna Hepatitis B</i>								
	Varicella (Chickenpox) <i>Varicela</i>								
	<input type="checkbox"/> Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11								
	Meningococcal <i>Meningococcos</i>								
	(Hep A) Hepatitis A <i>La Vacuna Hepatitis A</i>								
	HPV (Human Papilloma Virus) <i>Virus Papilloma Humano</i>								
	(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i>								
	Influenza (Flu) Vaccine								
	Other								
TB Skin Test: (optional) List most recent test <i>Prueba de tuberculosis del piel: (opcion)</i> Liste la más reciente prueba									
FOR SCHOOL USE ONLY: School Name <i>Nombre de Escuela</i> Contact Person <i>Persona de Contacto</i> Phone Number <i>Número de Teléfono</i> Initial Enrollment Date in an Arizona School/Preschool _____									
III. Documentation Presented: <input type="checkbox"/> Arizona Lifetime Record <input type="checkbox"/> Foreign country (name) _____ <input type="checkbox"/> Out-of-State record (name) _____ <input type="checkbox"/> ASIS <input type="checkbox"/> Provider Record <input type="checkbox"/> Other _____									
IV. Status of Requirements: A. <input type="checkbox"/> Currently up-to-date; more doses are due later. B. <input type="checkbox"/> Needs follow-up (see follow-up column). C. <input type="checkbox"/> No immunization record provided. _____ (reason) D. <input type="checkbox"/> Medical Exemption—Permanent Date ____/____/____ E. <input type="checkbox"/> Laboratory evidence of immunity attached: _____ F. <input type="checkbox"/> Medical Exemption—Temporary until Date ____/____/____ G. <input type="checkbox"/> Personal Beliefs Date ____/____/____									
I certify that I reviewed this student's immunization record and it has been transcribed accurately. Date ____/____/____ Admitting Official _____									
Comment Section: _____ _____ _____ _____									

ASIR100R Rev: 09/05/14

Click [Arizona School Immunization Record](#) to access the fillable, printable ASIR form.



Completing the Immunization Data Report

- Schools must complete Immunization Data Reports (IDRs) on students enrolled in **kindergarten, sixth grade** and **preschool** by **November 15th** each year.
- To submit an IDR on kindergarten and/or sixth grade students, go to <https://app.azdhs.gov/IDR/> to find the Immunization Data Report web application.
 - **Register** to use the IDR web application at <https://app.azdhs.gov/IDR/> by entering your e-mail address. A password will be sent to you by e-mail. *Note you will only need to register once. Subsequent years, you may log in with your email and password. If you forget your password, simply select, "forgot password" and a new one will be issued.
 - Use your e-mail address and password, exactly as sent to you, to enter the IDR web application.
- Begin the Immunization Data Report by entering basic information about your school, including your name and e-mail address and contact information for your school principal or director.
- The IDR includes separate surveys for kindergarten and sixth grade. Before beginning either survey, gather all immunization records and exemption forms for the grade level.
 - Schools with computerized record-keeping systems may print out a report that shows the total number of students enrolled and the number of students who have received the required doses of each vaccine and use this data to enter into the IDR.
- **The Kindergarten Survey** includes questions about the number of students who meet the requirements with proof of 4-6 DTaP, 3-4 Polio, 2 MMR, 3 Hepatitis B, and 1-2 Varicella vaccine doses.
 - If any students are missing immunizations, you must report if they are exempt from immunization, and the type(s) of exemption on file.
- **The Sixth Grade Survey** includes questions about the number of students who have proof of 3-4 DTaP/Td, 1 Tdap, 1 Meningococcal 3-4 Polio, 2 MMR, 3 Hepatitis B (or 2-dose adolescent series), and 1-2 Varicella vaccine doses.
 - If any students are missing immunizations, you must report if they are exempt from immunization, and the type(s) of exemption on file.
 - Because Tdap and Meningococcal vaccines are not required until age 11, you will be asked if any students who are missing these vaccines are under 11 years of age.
 - If any students are missing Tdap, you will be asked to report if it has been less than 5 years since the student's last dose of Td or DTaP.
- Preschool IDR forms and directions are posted at <http://azdhs.gov/phs/immunization/school-childcare/data-reports.htm>.