

ARIZONA SCHOOL IMMUNIZATION RECORD

This form must be completed from an immunization record provided by parent or guardian.
See reverse side for instructions.

I. IDENTIFICATION INFORMATION

CHILD'S NAME NOMBRE DE NIÑO	BIRTH DATE FECHA DE NACIMIENTO
ENTRY GRADE (circle) Pre-K K 1 2 3 4 5 6 GRADO (marque con circulo) 7 8 9 10 11 12	SEX Male <input type="checkbox"/> Female <input type="checkbox"/> SEXO Niño <input type="checkbox"/> Niña <input type="checkbox"/>

II. IMMUNIZATIONS	1st MO/DAY/YR	2nd MO/DAY/YR	3rd MO/DAY/YR	4th MO/DAY/YR	5th MO/DAY/YR	6th MO/DAY/YR
(DTaP/DTP) Diphtheria, Tetanus & Pertussis Difteria, Tetano y Tos Ferina						
(DT) Diphtheria & Tetanus Difteria y Tetano						
(Td) Tetanus & Diphtheria Tetano y Difteria						
(Tdap) Tetanus, Diphtheria, acellular Pertussis Tetano, Difteria y Tos Ferina						
(IPV/OPV) Polio Vaccine Vacuna Antipoliomielitica						
(MMR) Measles, Mumps & Rubella Sarampión, y Paperas, y Rubèola (Month, Day & year required)						
(Hib) Haemophilus Influenzae b Required for Pre-K program, children age 2 months to age 5 years. <i>Influenzae Haemophilus tipo B</i>	Manufacturer	Manufacturer	Manufacturer	Manufacturer		
(Hep B) Hepatitis B La Vacuna Hepatitis B						
(Hep A) Hepatitis A La Vacuna Hepatitis A						
Varicella (Chickenpox) Varicella Check box if pupil attended childcare/school in AZ with parental recall of chicken pox before 9/1/11 <input type="checkbox"/>						
Meningococcal Meningococicas						
HPV (Human Papilloma Virus) Virus Papilloma Humano						
Other (Including Influenza Vaccine)						
TB Skin Test: (optional) List most recent test Prueba de tuberculosis del piel: (opcion) Liste la más reciente prueba						

This record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record. Local health departments shall have access to this record.

FOR SCHOOL USE ONLY:

Enrollment Date: _____						
Schedule for Completion (Check dose(s) needed)						
VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTap/DTP/DT/Td						
Tdap						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						
Mening						
VAR						

III. Documentation

I certify that I reviewed this student's immunization record and it has been transcribed accurately.

Date _____/_____/_____

Admitting Official _____

Documentation presented:

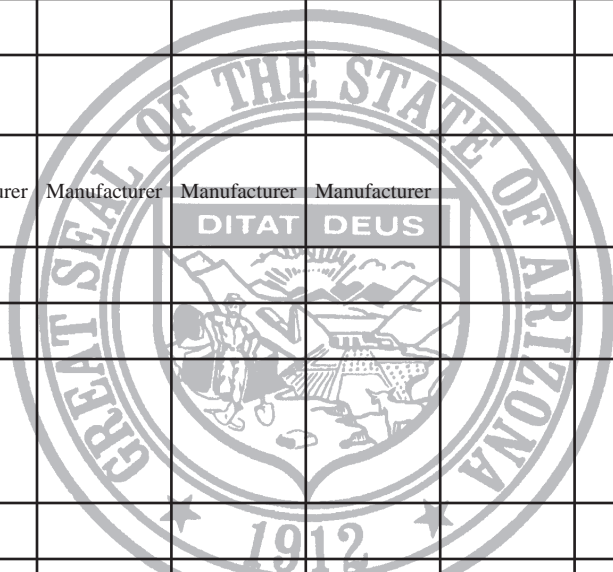
- Arizona Lifetime Record
- Foreign country (name) _____
- Out-of-State record (name) _____
- Other (name) _____

IV. Status of Requirements

- A. Immunization complete Date ____/____/____
- B. Currently up-to-date; more doses are due later. Needs follow-up.
- C. Laboratory evidence of immunity to: _____

Exemption for:

- D. Medical Reasons-Permanent
Date ____/____/____
- E. Medical Reasons-Temporary until
Date ____/____/____
- F. Personal Beliefs
Date ____/____/____



INSTRUCTIONS FOR COMPLETION OF THE ARIZONA SCHOOL IMMUNIZATION RECORD (ASIR 109R)

(To be completed by school personnel)

I. IDENTIFICATION INFORMATION:

Complete the information section with the name, birth date, grade at entrance and sex of pupil.

II. IMMUNIZATION:

Fill in date (month/day/year) of each immunization the student has received from the record presented by the parent or guardian.

Parental recall is not acceptable. The full date of month/day/year is required for MMR, and for all vaccine doses administered **on or after 01/01/2003.**

III. DOCUMENTATION:

- A. Fill in date and your signature as the school representative who reviewed the immunization record.
- B. Mark box to indicate the type of immunization record used to transcribe information onto ASIR 109R.

IV. STATUS OF REQUIREMENTS:

- A. Determine if the immunizations are complete by reviewing the school immunization requirements posted at www.azdhs.gov/phs/immun/back2school/htm. If the pupil has met all immunizations required, check box A; fill in date.
- B. If the pupil has not met all requirements, but no immunizations are currently due - the pupil can be admitted, but must complete the remaining doses according to Arizona School Immunization Law.
- C. If the pupil has met the immunity requirement with laboratory evidence, check box C. The Request for Exemption to Immunization form (ADHS 209) must be completed and attached. Laboratory evidence of immunity must be disease specified.
- D. If the pupil is to be exempted for medical reasons, a Request for Exemption to Immunization (School) form (ADHS 209) must be signed by a physician and the parent or guardian and attached to ASIR 109R. If the medical exemption is permanent, the requirement for the immunization is met. Check box D with date of statement.
- E. If the medical exemption is temporary, check box E and the date the exemption will no longer be valid. The pupil needs follow-up (refer to www.azdhs.gov/phs/immun/back2school/htm for the current school year).
- F. If the pupil is to be exempt for reasons of personal belief, the parent or guardian must sign a Request for Exemption to Immunization form (ADHS 209) indicating they received the information about immunizations provided by ADHS and understand the risks and benefits of immunizations.