

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

(DTaP/DTP) Diphtheria, Tetanus & Pertussis

La Difteria, El Tetano, La Tos Ferina

(DT) Diphtheria & Tetanus

La Difteria, El Tetano

(Td) Tetanus & Diphtheria

El Tetano, La Difteria

(IPV/OPV) Polio Vaccine

La vacuna Para La Poliomieltis

(MMR) Measles, Mumps & Rubella

El Sarampiòn, Las Paperas, y la Rubèola (Month, Day & year required)

(Hib) Haemophilus Influenzae b

Required for Pre-K program, children age 2 months to age 5 years.

La Vacuna Compuesta Haemophilus b

Los Niños 2 meses de edad a 5 años de edad necesitan tener la vacuna para poder atender la programa de pre-jardin de infantes.

(Hep B) Hepatitis B

La Vacuna Hepatitis B

(Hep A) Hepatitis A

La Vacuna Hepatitis A

Varicella (Chickenpox)

Varicela
Check box if history of disease
Other

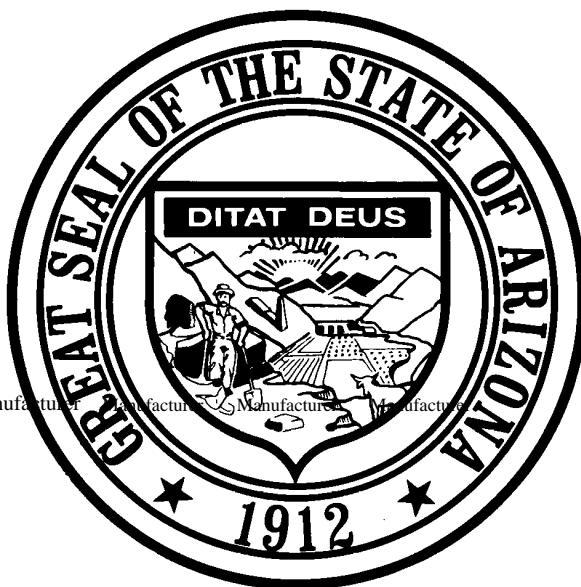
TB Skin Test: (optional)

List most recent test

Prueba de tuberculosis del piel: (opcion)

Liste la más reciente prueba

1st 2nd 3rd 4th 5th 6th
MO/DAY/YR MO/DAY/YR MO/DAY/YR MO/DAY/YR MO/DAY/YR MO/DAY/YR



FOR SCHOOL USE ONLY

Enrollment Date:

Schedule for Completion (Check dose(s) needed)

VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTaP/DTP/ DT/Td						
OPV/IPV						
MMR						
Hib						
Hep A						
Hep B						

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 ___/___/___

This record is part of the mandatory permanent pupil record as defined in Section 36-671 of the Health Code, and Section 15-871 of the Education Code and shall transfer with that record. Local health departments shall have access to this record

[REDACTED]

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

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.

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 using the "Arizona Immunization Guide". 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. Pupil needs follow-up.
- 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. This pupil needs follow-up (refer to Table 2, Arizona Immunization Guide).
- 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.

