

**State of Utah**  
**Immunization Requirements**  
**21 Day Conditional Enrollment Notice**

Date: \_\_\_\_\_

To the legally responsible individual of \_\_\_\_\_,

The purpose of this letter is to inform you that in review of your student/child immunization record we have noticed that we did not receive all or some of the required immunization records for school entry. This information is required by the Utah Statutory Code 53G-9-3. Therefore, we have placed your student/child on a conditional enrollment status in accordance with Utah Statutory Code 53G-9-3. This means that you have 21 calendar days to bring proof of immunizations, an exemption form, or proof of immunity from diseases that vaccines are required for to the school your student/child attends. Please provide this information to us by \_\_\_\_\_ Your student/child **is** allowed to attend school during the **21 day** calendar day conditional enrollment period.

Your child is missing the following immunization (s):

- DTaP (D=Diphtheria, Tetanus, and Pertussis)
- Tdap
- Polio
- MMR (Measles, Mumps, Rubella)
- Hepatitis A
- Hepatitis B
- Haemophilus influenzae type b (Hib)
- Varicella (chickenpox)
- Pneumococcal
- Meningococcal

No immunization record

If we don't receive the above information from you by the date indicated, your child will not be allowed to attend until the deficiencies are remedied.

Possible places to take your child to receive the missing required immunization(s): his/her health care provider, your local health department immunization clinic, or your local pharmacy.

If you want to obtain a vaccination exemption form, you must either complete the on-line Utah exemption module at [www.immunize-utah.org](http://www.immunize-utah.org) and print the vaccination exemption form after completion, or visit your local health department for consultation. (There may be a fee). A copy of the exemption form must be presented to the school. For a medical exemption from vaccination, you must present to the school a completed vaccination exemption form **and** a written notice signed by a licensed healthcare provider stating that due to the physical condition of the student, administration of the vaccine would endanger the student's life or health.

If your child has immunity against the disease for which the vaccination is required because your child previously contracted the disease, you need to provide the school a document of verification from a health care provider.

If you have any questions or concerns, please contact us at \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_