

# Utah Immunization Requirements for 7<sup>th</sup> Grade Entry 2017/18

To attend the 7<sup>th</sup> grade in Utah a student must have proof of receiving the following immunizations:

- **1 Tetanus/Diphtheria/Pertussis (TDAP) booster** **\*\*\*MUST CONTAIN PERTUSSIS\*\*\***
  - TDAP given after **August 2012**
  - kindergarten dose *does not* count as booster requirement for 7<sup>th</sup> grade
  - Td is not acceptable
- **\*1 Meningococcal Vaccine**
- **2 Varicella (chickenpox)** – history of disease is acceptable, a parent must sign the verification statement on the school immunization record.

\*A common outcome of meningococcal infection, also known as *Neisseria meningitides bacteria*, is commonly referred to as **meningitis**. When someone has meningococcal meningitis, the protective membranes covering their brain and spinal cord, known as the meninges, become infected and swell. The symptoms include sudden onset of fever, headache, and stiff neck. There are often additional symptoms, such as nausea, vomiting, photophobia (increased sensitivity to light), and confusion. The symptoms of meningococcal meningitis can appear quickly or over several days. Typically they develop within 3-7 days after exposure. For this reason the Meningococcal Vaccine has been recommended previous but now is required for all 7<sup>th</sup> grade students.

***An appropriate Utah Department of Health Exemption form must be on file at the Health Department and school for those children who claim exemption to immunization for medical, religious, or personal reasons.***

.....  
This record may be turned in now to your student's current school or to the junior high they will be attending. **Please attach a copy of the vaccine record from your doctor.** By state law, a student may not begin attending school until the school has proof of immunization. The school may not give out the schedule until this requirement is met.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Tdap \_\_\_\_\_

Date of Meningococcal \_\_\_\_\_

Date of 2<sup>nd</sup> Varicella \_\_\_\_\_  
.....