



# ARIZONA SCHOOL IMMUNIZATION RECORD

For Kindergarten - 12<sup>th</sup> Grade

(Child Care/Preschool immunizations are to be documented on  
EIIRC 201, Emergency, Information and Immunization Record Card)



State and local health departments shall have access to this record. See back for instructions on how to fill out this form.

Child's Last Name: First Name: Middle Initial: Birthdate (MM/DD/YY): Sex: ASIIS#:

## School Use Only:

Signature required if providing copy to parents or other school  
as official verification of immunization records.

**I certify that the immunization information provided on this  
form is correct and verifiable.**

Signature/Stamp: \_\_\_\_\_

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

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<b>Arizona Required Vaccines for School K-12 grades (Dates Required)</b>						
<b>Hep B</b> (Hepatitis B) <input type="checkbox"/> Check here if 11-15 yo 2-dose schedule used						
<b>DTaP</b> (Diphtheria, Tetanus, Pertussis)						
<b>IPV / OPV</b> (Polio)						
<b>MMR</b> (Measles, Mumps, Rubella)						
<b>Varicella</b> (Chickenpox)						
<b>Td</b> (Tetanus, Diphtheria)						
<b>Tdap</b> (Tetanus, Diphtheria, Pertussis)						
<b>MenACWY</b> (MCV4, quadrivalent) or <b>ABCWY</b> (quadrivalent)						
<b>ACIP/CDC Recommended Vaccines (Not Required for School K-12 grades – Documentation Optional)</b>						
<b>Hep A</b> (Hepatitis A) (Required in Maricopa County)						
<b>Hib</b> ( <i>Haemophilus influenza type b</i> ) (< 5 years)						
<b>PPS23 or PCV__</b> (fill in type) (Pneumococcal)						
<b>RV</b> (Rotavirus)						
<b>HPV</b> (Human Papillomavirus)						
<b>MenB</b> (Meningococcal B) (age 16+)						
<b>RSV</b> (Respiratory Syncytial Virus)						
<b>COVID-19</b>						

## Exemption Status

### ☐ Medical Exemption for Evidence of Immunity (Permanent):

Documentations shows this student has laboratory evidence of  
immunity (titer) to the disease(s) marked below for which there  
is a reliable serology/antibody titer testing available. An ADHS  
Medical Exemption form signed by a physician or registered  
nurse practitioner must be on file and lab report(s) for titers  
MUST be attached.

**\*Required for history of measles, rubella or varicella.**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Diphtheria   | <input type="checkbox"/> Polio      |
| <input type="checkbox"/> Hepatitis B  | <input type="checkbox"/> Rubella*   |
| <input type="checkbox"/> Measles*     | <input type="checkbox"/> Tetanus    |
| <input type="checkbox"/> Mumps        | <input type="checkbox"/> Varicella* |
| <input type="checkbox"/> Other: _____ |                                     |

### ☐ Medical Exemption for other medical reason (Permanent or Temporary):

An ADHS Medical Exemption form signed by a physician or  
registered nurse practitioner must on file.

**Temporary until: (Date)** \_\_\_\_\_

### ☐ Personal Belief Exemption:

For K -12 grades only

**School Name:**

**Phone Number:**

**Reviewed by:**

**Date:**

**Instructions for completing the Arizona School Immunization Record.**  
**Use online fillable format or hard copy filled in by hand. ASIR is only required if you do not have a school-based vaccination information system (electronic database) which can collect, store and provide a printable immunization record.**

This form is to be completed by school staff from immunization records provided by parent/guardian and supplemented by information from ASIIS or other healthcare provider documents. This immunization record is part of the mandatory permanent pupil records as defined in Arizona Revised Statute 15-874 and shall transfer with that record.

- ✓ **Student information:** Print the student's name, birthdate, and sex.
- ✓ **Vaccine information:**
  - Enter the date of each vaccine dose received in the date columns (as MM/DD/YY). If the student received a combination vaccine (one shot that protects against several diseases), record them as single doses. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV (refer to [https://www.cdc.gov/vaccines/hcp/vaccines-us/?CDC\\_AAref\\_Val=https://www.cdc.gov/vaccines/terms/usvaccines.html](https://www.cdc.gov/vaccines/hcp/vaccines-us/?CDC_AAref_Val=https://www.cdc.gov/vaccines/terms/usvaccines.html) for common vaccine names and abbreviations).
  - Parental recall of immunizations or disease history is not acceptable. All vaccine doses must have a full date of MM/DD/YY to be valid.
  - A copy of immunization documentation/record(s) provided by the parent (and any updates thereafter) should be attached to the ASIR and kept in the student's health record or file.
  - If the student has documentation of receiving an immunization but also has either lab evidence of immunity or an exemption form on file, still enter the dates of any/all immunizations received. This information will be helpful during an outbreak situation where proof of vaccination and/ or proof of immunity is needed.
- ✓ **Exemption Forms:** Check box for the appropriate Exemption Form submitted
  - **Medical Exemption with Lab Evidence of Disease Immunity (Permanent)**
    - If evidence of immunity by blood test (titer) is provided, enter the lab report date for the appropriate disease(s) in the Serology Lab Report Date box. A valid ADHS Medical Exemption Form must be completed and signed by a physician or registered nurse practitioner and the lab reports should be attached to the exemption form. Serology is required for history of varicella, measles and/or rubella, and suggested for all other disease history. Keep all information in the student's health file.
  - **Medical Exemption for other Medical Reason (Permanent or Temporary)**
    - A valid ADHS Medical Exemption Form must be completed and signed by a physician or registered nurse practitioner indicating reason for exemption from immunization (health or medical reason). This option may be used to show that the student is exempted from getting the required immunizations, for stated medical reasons or for documented history of disease (for diseases other than varicella, measles and/or rubella).
    - If the Medical Exemption is marked Temporary, a date must be indicated when the exemption ends. Once the length of time for the exemption has ended, the child must receive the necessary immunization(s) or be subject to exclusion from school.
  - **Personal Beliefs Exemption (Grades K-12)**
    - If the student is to be exempt for reason of personal beliefs, the parent must sign an ADHS Personal Beliefs Exemption form indicating they received educational information provided by ADHS about immunizations and have been informed of the risks of not vaccinating their child.
- ✓ **School Information and Verification:**
  - If this form is completed, printed out and provided to a parent for official use (taking to another school for enrollment or as a required document for attendance at a camp or other facility or event) it must be signed and dated by school personnel. In the School Use Only box, the school representative who reviewed the information and provided the form to the parent should sign and date the form. (School representative may be the school nurse, health office personnel, or school office staff).