DATE	PROGRESS NOTES

						Month	h Day	Y	'ear	MF	#			
Last Name	First		Mic	Middle		Date of Birth			Sex	I.D. Nun	nber	Te (Per	eacher ncil Only)	
Date		Active Problems			Resolved	Date			Conditions/Medical History					
	ate Screened Date Screened B R L B													
														
School Year														
First Date Screened								· · · · · · · · · · · · · · · · · · ·						
Second Date Screene	d													
Visual Acuity	D							· · · · · · · · · · · · · · · · · · ·						
Violai Avaity				· 										
	B													
With Glasses/Contacts	R													
	L													
	B													
Visual Acuity (Recheck)	R													
	L													
With Glasses/Contacts	B													
With Glasses/Contacts (Recheck)	R						}							
							<u></u>							
Hearing	H													
							<u></u>			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
Hearing (Recheck)														
Audiologist First														
Audio, Second Date														
Annual Screen Y/N														
BVN Pass - Fail														
	В													
Near Vision	R													
Color Vision														

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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, 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 using <u>Guide to the Requirements of the Arizona School Immunization Law</u>. 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 Guide to the Requirements of the Arizona School Immunization Law 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.

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 NACIEMIENTO ENTRY GRADE (circle) Pre-K K 1 2 3 4 5 6 GRADO (marque con circulo) 7 8 9 10 11 12 SEXO Niño Niña

II. IMMUNIZATIONS	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 Sarampiòn, 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. Influenzae Haemophilus tipo B	Manufacturer	Manufacturer	Manufacturer	Manufacturer		
Los Niños 2 meses de edad a 5 años de edad	Ivianactare					
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) Varicella Check box if history of disease. □						
Meningococcal Meningococicas						
HPV (Human Papilloma Virus) Virus Danilloma Humana						
Virus Papilloma Humano Other						
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 Statue 15-874 and shall transfer with that record. Local health departments shall have access to this record.

Enrollment Date:						
Schedule for Completion (Check do	ose(s) need	ded)			
VACCINE	1ST	2ND	3RD	4TH	5TH	6TH
DTap/DTP/DT/Td/Tdap						
OPV/IPV						
MMR						
Hib						
HPV						
Hep A						
Hep B						
Mening						
VAR						0
I certify that I rev					tion	
record and it has be Date Admitting Official Occumentation presending Arizona Li	ted: fetime untry (recorne) nents ization	Record name) d (name complet complet	e Date	ately.		r.