

Salt Lake County

Health Regulation

#38

CERTIFICATE OF SCHOOL EMPLOYEE IMMUNIZATION REQUIREMENTS

Adopted by the Salt Lake County Board of Health
June 2, 2016

Amended
XXXX XX, 2025

Under Authority of Utah Code ~~Ann.~~ §§ 26A-1-
109(8), 26A-1-114, 26A-1-121(1)

1. PURPOSE & APPLICABILITY OF REGULATION

- 1.1. The purpose of this Regulation is to protect both staff and students in public, private or parochial schools within Salt Lake County from preventable diseases and to promote the public health, safety, and welfare of residents by establishing practices and provisions that prevent the spread of preventable communicable diseases.
- 1.2. The Salt Lake County Board of Health recognizes that schools are potential high-risk areas for transmission of vaccine-preventable diseases. As with student immunizations, it is equally important for staff in schools to be protected against vaccine-preventable diseases.
- 1.3. Staff immunizations can decrease the number of days that staff and students miss due to illness. This lessens the disruption caused by such absences and reduces incidents of missed educational learning opportunities. Additionally, vaccine-preventable disease outbreaks in schools can result in enormous costs for staff, students, parents, employers and public health.
- 1.4. This Regulation applies to all adult individuals working within the schools within Salt Lake County.
- 1.5. This Regulation complies with recommendations from the Utah Department of Health and Human Services, the Centers for Disease Control and Prevention, and the Advisory Committee on Immunization Practices.
- 1.6. This Regulation is adopted under the authority of the Salt Lake County Board of Health in accordance with Utah Code ~~Annotated~~ § 26A-1-121.

2. DEFINITIONS

For the purposes of this Regulation, the following terms, phrases, and words shall have the meanings herein expressed:

- 2.1. “Board” ~~shall~~ means the Salt Lake County Board of Health.
- 2.2. “Certificate of immunization” means certification from a licensed physician or authorized representative of the state or local health department stating that the individual has received immunization against communicable diseases required under this Regulation, including the dates and types of immunizations administered or proof of immunity.
- 2.3. “Department” ~~shall~~ means the Salt Lake County Health Department.
- 2.4. “Director” ~~shall~~ means the Director of the Salt Lake County Health Department or his or her designated representative.

- 2.5. "Exemption" ~~shall~~ means relief from the immunization requirements of this Regulation ~~by reason of medical, religious, or personal reasons as defined in Utah Code Annotated §§ 53G-9-303 and 30453A-11-302 and 302.5.~~
- 2.6. "School based personnel" ~~shall~~ means faculty and staff and includes teachers, substitute teachers, student teachers, administration, and all other employees whose primary job responsibilities include possible interaction with students on any given school day. Volunteers are not considered "School-based personnel."
- 2.7. "Order of Restriction" ~~shall~~ means an order issued by the Department which requires an individual or group of individuals to submit to an examination, treatment, isolation or quarantine.
- 2.8. "School" ~~shall~~ means all public, private, charter, parochial, kindergarten, elementary or secondary educational facility through grade 12.
- 2.9. "School District" ~~shall~~ means any school district existing now or later under the laws of the state of Utah.

3. GENERAL PROVISIONS

3.1. Jurisdiction of the Department.

3.1.1. This Regulation is promulgated by the Salt Lake County Board of Health as authorized by Utah Code Ann. § 26A-1-121(1)(a), and Salt Lake County Code of Ordinances, Chapter 9.04

3.1.2. The Department is empowered to enforce this Regulation in all incorporated and unincorporated areas served by the Department as authorized by Utah Code Ann. § 26A-1-114(1)(a) and Salt Lake County Code of Ordinances, Chapter 9.04

3.2. Nothing in this Regulation affects or modifies in any way the obligations or liability of any person under any other regulation or provision thereof issued by the Department, any ordinance issued by Salt Lake County or any municipality located within Salt Lake County, or any state or federally issued law, including common law. However, Departmental regulations supersede other existing local and county standards, regulations and ordinances pertaining to similar subject matter that are inconsistent.

3.3. Severance. If any section, sentence, clause, or phrase of this Regulation is for any reason held to be invalid or unconstitutional by a decision of any court of competent jurisdiction, such decision shall not affect the validity of the remaining portions of this Regulation.

4. SUBSTANTIVE PROVISIONS

4.1. Due to the risk of occupational exposure, and in order to prevent the outbreak and spread of communicable and infectious diseases, the Board adopts this Regulation to

require every School and/or School District in Salt Lake County to require their School-based personnel to provide proof of immunizations, exemption, or proof of immunity in the event of an outbreak of a vaccine preventable communicable or infectious disease.

- 4.2. New School-based personnel shall be notified by their School and/or School District, as part of their onboarding process, that they are required to maintain a personal record of immunizations, exemption, or proof of immunity. All School-based personnel shall be required to maintain a personal record of immunizations, exemption, or proof of immunity and all School-based personnel shall be prepared to produce these records to the Department upon request, in the event of an outbreak or a vaccine-preventable communicable or infectious disease. The Department shall provide the Exemption Forms in Appendix A to the Schools and or/School Districts for use by the School-based personnel.
- 4.3. Schools may, but ~~shall~~are not be required to retain records of immunizations, exemption, or proof of immunity for the staff they employ. Schools may also utilize the Utah Statewide Immunization Information System (USIIS) to maintain staff immunization records.
- 4.4. All School-based personnel employed in a sSchool are required to have immunity or documentation as follows, according to guidelines established by the Centers for Disease Control and Prevention, or obtain the following vaccinations:
 - 4.4.1. MMR. School-based personnel born in or after 1957 must provide documentation of two doses of the MMR administered at least one month apart, or proof of immunity.
 - 4.4.2. Tdap. School-based personnel must provide documentation of one dose of the Tdap.
 - 4.4.3. Varicella. School-based personnel must provide documentation of receiving two doses of Varicella vaccine at least four weeks apart or physician diagnosis or personal recall of Varicella disease or proof of immunity.
- 4.5. Additionally, it is recommended that all sSchool-based personnel receive the following vaccinations:
 - 4.5.1. Hepatitis A, 2 doses.
 - 4.5.2. Hepatitis B, 3 doses.
 - 4.5.3. COVID-19 and Influenza vaccine, annually.
- 4.6. Except as otherwise provided, School-based personnel may claim an exemption to an immunization by completing the Department Exemption Form. ~~for medical, religious, or personal reason(s) as allowed by Utah Code Ann. §§ 53G-9-303 and 30453A-11-302. Each exemption claimed must be accompanied by the appropriate Department Exemption Form included in Appendix A of this Regulation.~~

~~4.6.1. Medical Exemption: If School-based personnel claims a medical exemption, a Medical Exemption Form must be completed and signed by the School-based personnel's licensed physician.~~

~~4.6.2. Religious Exemption: If School-based personnel claims a religious exemption, a Religious Exemption Form must be completed and signed by the School-based personnel. The Religious Exemption Form may be obtained from the Department. A Department representative must witness and sign the Religious Exemption Form.~~

~~4.6.3. Personal Exemption: If School-based personnel claims a personal exemption, a Personal Exemption Form must be completed and signed by the School-based personnel. The Personal Exemption Form may be obtained from the Department. A Department representative must witness and sign the Personal Exemption Form.~~

4.7. The Department may exclude from schools any School-based personnel who have not been immunized based on a statement of exemption and who is suffering from, has been exposed to, or will be exposed to a vaccine-preventable disease.

5. RESERVED

6. RESERVED

7. ENFORCEMENT MECHANISMS. ~~If the Department has investigated or inspected any property or facility and believes the property owner or other responsible party is in violation of this Regulation or the Department has other reasonable grounds to believe that there has been a violation of any part of this Regulation or that the property owner or otherwise responsible party is not in compliance with this Regulation, the Department may take civil enforcement action as authorized by statute, rule, ordinance, and regulation and may also refer the matter for criminal prosecution. Civil enforcement may involve court or administrative actions, injunctive actions, and closures and may involve cost recovery, penalties, and other remedies. Civil and criminal actions may be brought simultaneously. A person does not need to be first adjudged liable in a civil matter before facing criminal charges.~~

7.1. In the event of an outbreak of a vaccine preventable disease, the Department may exclude from school any ~~s~~School-based personnel and staff who have not been immunized, even if an exemption has been submitted for the duration of the outbreak and/or threat of exposure. Such staff will be allowed back only when a Department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine-preventable disease.

7.2. The Department has the power and responsibility to exclude from school attendance any person, who is suffering from any communicable or infectious disease, whether acute or chronic, if the person is likely to convey the disease to those in attendance.

- 7.3. The Department has the power and duty to establish, maintain and enforce isolation and quarantine, and may exercise physical control over property and over individuals that it finds necessary for the protection of the public health, pursuant to Utah Code ~~Ann.~~ § Title 26B, Chapter 76b, Parts 3 and 4.
- 7.4. The Department may issue an order of restriction in accordance ~~to~~ with Utah Code ~~Ann. § 26B-7-30426-6b-3~~ for any staff member or groups of staff who are infected or may have been infected with a vaccine-preventable disease.
- 7.5. The Department may close schools and prohibit gatherings of people when necessary to protect the public health, pursuant to Utah Code ~~Ann. § 26A-1a-114(1)(c)26, Chapter 6b.~~
- 7.6. The Board encourages the administrative body of each School in Salt Lake County to adopt policies addressing the implementation of this Regulation and the handling of exemptions during an outbreak.
8. RESERVED
9. EFFECTIVE DATE
- 9.1. This Regulation shall become effective upon its adoption by the Salt Lake County Board of Health.

APPROVED AND ADOPTED this ____ day of _____, 2025~~16~~.

SALT LAKE COUNTY BOARD OF HEALTH

By: _____
~~Dr. Jeffrey Ward, Chair~~
Dan Eckersley, Chair

ATTEST:

GARY L. EDWARDS, M.S.
DOROTHY ADAMS; MPA, LEHS
Executive Director
Salt Lake County Health Department

APPENDIX A-
EXEMPTION FORMS



Medical Exemption Form

The Salt Lake County Health Department strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination can cause serious illness and even death. The Salt Lake County Health Department believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Salt Lake County Health Department also recognizes that individuals may have medical conditions for which receiving one or all immunizations may be contraindicated.

As the physician for _____, I certify the physical condition of this individual is such that one or all immunizations would endanger this individual's health or the health of a household member.

{Check the appropriate box}:

- ☐ This medical exemption is for all immunizations.
- ☐ This medical exemption is for one or more immunizations — List immunization included in this exemption:

- ☐ This medical exemption is temporary due to pregnancy, long term illness, immunocompromised condition of individual or household member.
Duration of temporary exemption _____

I hereby request that this individual be exempted from the Adult Immunization Regulation #38 due to a medical condition for which immunizations are contraindicated.

Name of Physician (Print)

Signature of Physician

Date

I understand that if an outbreak of a vaccine preventable disease occurs for which I am exempted, I will be excluded from the school for the duration of the outbreak and/or threat of exposure. I will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine preventable disease.

Name of Individual (Print)

Signature of Individual

Date

Personal Exemption Form

The Salt Lake County Health Department strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination can cause serious illness and even death. The Salt Lake County Health Department believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Salt Lake County Health Department also recognizes that individuals have the right to make the decision, should they choose not to immunize.

I certify that I have strong personal beliefs against the practice of immunization/vaccination. I am opposed to being immunized against one or all vaccine preventable diseases.

{Check the appropriate box}:

— This personal exemption is for all immunizations.

— This personal exemption is for one or more immunizations — List immunization included in this exemption:

I understand that if an outbreak of a vaccine preventable disease occurs for which I am exempted, I will be excluded from the school for the duration of the outbreak and/or threat of exposure. I will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine preventable disease.

I hereby request that I be exempted from Health Regulation #38, Certificate of School Employee Immunization Requirements, due to my personal opposition to immunizations.

Name of Individual (Print)

Address City State Zip Code

Signature of Individual Date

Witness (Local Health Officer or Designee) Title Date

Religious Exemption Form

The Salt Lake County Health Department strongly supports immunization as one of the easiest and most effective tools in preventing serious communicable diseases. These diseases, which are preventable by vaccination can cause serious illness and even death. The Salt Lake County Health Department believes the benefits of immunization outweigh the risk of adverse events which may be associated with the vaccines. The Salt Lake County Health Department also recognizes that individuals may be in opposition to immunization, based upon religious practices and/or beliefs.

I certify that I am a member of a recognized religious organization which has doctrine that opposes immunizations.

Name of Religious Organization

I understand that if an outbreak of a vaccine preventable disease occurs for which I am exempted, I will be excluded from the school for the duration of the outbreak and/or threat of exposure. I will be allowed back only when a health department representative is satisfied that there is no longer a risk of contracting or transmitting a vaccine preventable disease.

I hereby request that I be exempted from Health Regulation #38, Certificate of School Employee Immunization Requirements, due to my religious practices and/or beliefs.

Name of Individual (Print)

Address _____ City _____ State _____ Zip Code _____

Signature of Individual _____ Date _____

Witness (Local Health Officer or Designee) _____ Title _____ Date _____