# COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

**Student Name:** ..... **Date of birth:** .....

**Parent/guardian:** .....

## Required vaccines

| | **Immunization date(s)** MM/DD/YY | | | | | | **Titer date*** MM/DD/YY |
|---|---|---|---|---|---|---|---|
| **Hep B** Hepatitis B | | | | | | | |
| **DTaP** Diphtheria, Tetanus, Pertussis (pediatric) | | | | | | | |
| **Tdap** Tetanus, Diphtheria, Pertussis | | | | | | | |
| **Td** Tetanus, Diphtheria | | | | | | | |
| **Hib** *Haemophilus influenzae* type b | | | | | | | |
| **IPV/OPV** Polio | | | | | | | |
| **PCV** Pneumococcal Conjugate | | | | | | | |
| **MMR** Measles, Mumps, Rubella | | | | | | | |
| **Measles** | | | | | | | |
| **Mumps** | | | | | | | |
| **Rubella** | | | | | | | |
| **Varicella** Chickenpox | | | | | | | |

| | | | |
|---|---|---|---|
| **Varicella** - date of disease | | **Varicella** - positive screen date | |

*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

| | **Immunization date(s)** MM/DD/YY | | | | | | |
|---|---|---|---|---|---|---|---|
| **HPV** Human Papillomavirus | | | | | | | |
| **Rota** Rotavirus | | | | | | | |
| **MCV4/MPSV4** Meningococcal | | | | | | | |
| **Men B** Meningococcal | | | | | | | |
| **Hep A** Hepatitis A | | | | | | | |
| **Flu** Influenza | | | | | | | |
| **Other** | | | | | | | |

Health care provider signature or stamp: ..... Date: .....

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: ..... Date: .....

**(Optional)** I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

# Immunization
## Medical Exemption Form

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below. Incomplete forms will not be accepted.

### Student Information:

| | | |
|---|---|---|
| Last Name: | First Name: | (optional) Middle Name: |
| Gender: □ Female □ Male | Date of Birth: | |
| Address: | | |
| City: | State: | Zip Code: |
| Email Address: | | County: |
| Phone Number: | | □ Home □ Cell |

### Parent/Guardian Completing This Form: □ Check if an emancipated student or student over 18 years old

| | | |
|---|---|---|
| Last Name: | First Name: | (optional) Middle Name: |
| Relationship to student: □ Mother □ Father □ Guardian | | |
| Address: | | |
| City: | State: | Zip Code: |
| Email Address: | | County: |
| Phone Number: | | □ Home □ Cell |

### School/Licensed Child Care Facility Information:

| | | |
|---|---|---|
| School Name/Licensed Child Care Facility: | | |
| School District: | | □ Check if Not Applicable |
| Address: | | |
| City: | State: | Zip Code: |
| Phone Number: | | Grade of Student: |

| **Required Vaccines for Entering School:** (Check each vaccine declined) | | **List medical contraindication(s) for each vaccine declined** |
|---|---|---|
| □ | Hepatitis B | |
| □ | Diphtheria, tetanus, pertussis (DTaP, Tdap) | |
| □ | Haemophilus influenzae type b (Hib) | |
| □ | Inactivated poliovirus (IPV) | |
| □ | Pneumococcal conjugate (PCV13) | |
| □ | Measles-mumps-rubella (MMR) | |
| □ | Varicella (chickenpox) | |

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Signature: _____ Date: _____
Physician (MD, DO), Advanced Practice Nurse (APN), or delegated Physician Assistant (PA)

Under Colorado law, you have the option to exclude your child's/your information from CIIS. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.