

COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____
 Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given					
Hep B	Hepatitis B					
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)					
DT	Diphtheria, Tetanus (pediatric)					
Tdap	Tetanus, Diphtheria, Pertussis					
Td	Tetanus, Diphtheria					
Hib	Haemophilus influenzae type b					
IPV/OPV	Polio					
PCV	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					
Vaccines recorded below this line are recommended. Recording of dates is encouraged.						
HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

Healthcare Provider Documentation Date _____ Last Verification Date _____

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
 Up to date through 6 months of age for Colorado School Immunization Requirements
 Update Signature _____ Date _____
- B) Child Care Up to Date**
 Up to date through 18 months of age for Colorado School Immunization Requirements
 Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
 Up to date for Child Care/Pre-school/Pre-K for Colorado School Immunization Requirements
 Update Signature _____ Date _____
- D) Complete for K-5th Grade**
 Up to date for K-5th Grade for Colorado School Immunization Requirements
 Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
 (Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) _____ Date (Fecha) _____
 Physician (Médico)
Medical exemption to the following vaccine(s):
 La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
 Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)
Religious exemption to the following vaccine(s):
 Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):
 Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
 Parent, guardian, emancipated student/consenting minor
 (Padre, tutor, estudiante emancipado o consentimiento del menor)
Personal exemption to the following vaccine(s):
 Exención por creencias personales de la(s) siguiente(s) vacuna(s):
 Hep B DTaP Tdap Hib IPV PCV MMR VAR