

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

VACCINE		Enter date each immunization was given				
DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)					
Td/DT	Tetanus-Diphtheria					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles			Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.		
Mumps	Mumps					
Rubella	Rubella					
HB	Hepatitis B					
Varicella	Chickenpox			History of disease. Yes _____ year (optional) _____ (see footnote "e" below)		
Other						

To the best of my knowledge, the person named above has received the above immunizations.

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

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

Vaccine	Level of School/Age of Student								
	Child Care 2–3 mos	Child Care 4–5 mos	Child Care 6–14 mos	Child Care 15–17 mos	Pre-school 18–23 mos	Pre-school 24–35 mos	Pre-school 3–4 yrs	Grades K–12 5–18 yrs	College
Pertussis	1	2	3	3	4*	4*	4*	5 ^{b,+,c,*}	
Tetanus/Diphtheria	1	2	3	3	4*	4*	4*	5 ^{b,+,d,*}	
Polio ^e	1	2	2	2	3	3	3	4 ^{f,+}	
Measles/Mumps/Rubella ^{e,g,+}				1	1	1	1	2 ^h	2 ^{h,i}
<i>Haemophilus influenzae</i> type B ⁺	1	2	2	3/2/1 ^j	3/2/1 ^j	3/2/1 ^j	3/2/1 ^j		
Pneumococcal Conjugate ^{a,+}	1	2	3/2 ^k	4/3/2 ^k	4/3/2 ^k				
Hepatitis B ⁺	1	2	2	2	3	3	3	3	
Varicella ⁺					1 ^g	1 ^g	1 ^g	1 ^g	

See Table 2 (on back of certificate) for the year of implementation of Measles, Mumps, and Rubella (MMR-second dose) and Varicella (VAR).

Footnotes:

*—The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines will be reinstated September 15, 2004.

+—Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

a—This requirement is indefinitely suspended.

b—Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at ≥ 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

c—For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d—Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3rd dose if it is given > 6 months after the 2nd dose.

e—For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing

immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f—Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th birthday) in which case only 3 doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

g—The 1st dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

h—If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required. The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1st dose. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

i—Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.

j—The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose is given at 12–14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

k—The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months of age, 3 doses are required at 6–14 months and 4 doses are required at 15–23 months of age with 1 dose administered on or after the 1st birthday; (ii) 7–11 months of age, 2 doses are required at 6–14 months and 3 doses are required at 15–23 months of age with 1 dose on or after the 1st birthday; (iii) 12–23 months of age, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required. Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

Name _____ Date of Birth _____

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.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

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.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

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.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor CDPHE-DCEED-IMM CI RC14#10 Rev. 5/05
(Padre, tutor, estudiante emancipado o consentimiento del menor)

CDPHE-DCEED-IMM CI RC14#10 Rev. 5/05

**Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR
SELECTED IMMUNIZATIONS FOR GRADES K-12**

Below is a partial chart of specific immunization requirements. By 2006–2007, the measles, mumps and rubella (MMR) vaccine (second dose) will be required for K–12. By 2012–2013, the varicella (VAR) vaccine will be required for grades K–12. The school year is July 1 through June 30. In Table 2, after a vaccine is required for grades K–12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

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