| COLORAD | O LAW REQUIRES THAT THIS FOR | RM BE COMP | LETED FOR | EACH | STUDE | NT AT | ΓENDI | NG CO | LORADO | O SCH | OOLS |
|---------------------------------------|--|----------------------|---------------------|------------------------|-------------|--------------|-------------|--------------|---------------------|------------|----------|
| Name | | | | _ Date | of Birth _ | | | | | | |
| Parent/Guard | | | | | | | | | | | |
| COLORAD | O DEPARTMENT OF PUBLIC | HEALTH | AND ENVI | RONM | ENT— | CERT | IFICA | TE O | FIMMU | UNIZA | MOIT |
| | Vaccine | | Enter the mo | nth, day | and yea | ır each i | mmuniz | zation v | vas given | 1 | |
| Нер В | Hepatitis B | | | | | | | | | | |
| DTaP | Diphtheria, Tetanus, Pertussis (pediatric) | | | | | | | | | | |
| DT | Diphtheria, Tetanus (pediatric) | | | | | | | | | | |
| Tdap | Tetanus, Diphtheria, Pertussis | | | | | | | | | | |
| Td | Tetanus, Diphtheria | | | | | | | | | | |
| Hib | Haemophilus influenzae type b | | | 7// | | | | | | | |
| IPV/OPV | Polio | | AL / | | | | | | | | |
| PCV | Pneumococcal Conjugate | | | | | | | | | | |
| MMR | Measles, Mumps, Rubella | | | | | | | | | | |
| Varicella | Chickenpox | | | Healthcare Document | | | 1 | Lab Verifica | tion Date | | |
| ranoona | Vaccines recorded below | w this line are re | | | | s is enco | nuraged | | tion Date | | |
| HPV | Human Papillomavirus | W triis iirie dre re | , commended. 1 | - Coordii | ig or date | 0 10 01100 | Jurugeu. | | | | |
| Rota | Rotavirus | | | - 1 | | 1 | - | | | | |
| | | | | | | | 711 | | | | |
| ICV4/MPSV4 | Meningococcal | | - TACK | / | | | | | | | |
| Hep A | Hepatitis A | | | | | - | | | | | |
| TIV/LAIV Other | Influenza | | | | | 1 | | | | | |
| ☐ A) Child C | THIS SECTION CAN BE COMP | (CE | HILD CAR | E/SCH | OOL/HI | EALIH | CARE | = PRO | VIDER | | |
| | are Up to Date | Requirements | Update Signatu | re | | | | | Date | | |
| | ough 18 months of age for Colorado School Immunization | Requirements | Update Signatu | re | 1 | | | | Date | | |
| | are/Pre-school/Pre-K* Child Care/Pre-School/Pre-K for Colorado School Immur | nization Requirement | s Update Signatu | re | | | | | Date | | |
| □ D) Comple | te for K–5th Grade | 4 8 | | | | | | | | | |
| | K–5th Grade for Colorado School Immunization Requirer d fulfills Requirements for Pre-School & Kindergarten, ch | | Update Signatu | re | | | | | Date | | |
| ii age 4 years an | u lullilis Nequilettiettis loi F1e-301001 & Miluelyaitett, o | ieck BOTT Boxes C | and D. | | | | | | | | |
| HAS | MET ALL IMMUNIZATION REQU | JIREMENTS | FOR COLO | RADO | SCHO | OLS (6 | TH GF | RADE | OR HIG | HER) | |
| | | _ | | | | · | | | | | |
| Signed | (Physician, nurse, or school health authority) | Title | | | | | Date | · | | | |
| | Alaraa | | | | | | | | | 71 | |
| STATEMEN | T OF EXEMPTION TO IMMUNIZATION | ON LAW (DEC | LARACIÓN RI | ESPECT | O A LAS | EXENC | CIONES | DE LA | LEY DE \ | /ACUNA | ACIÓN) |
| IN THE E | VENT OF AN OUTBREAK, EXEMPTED I | PERSONS MAY | BE SUBJECT | г то ех | CLUSIO | N FROM | SCHOO | DL AND | TO QUA | RANTIN | IE. |
| | ESENTA UN BROTE DE LA ENFERMEDAD, ES POSIB XEMPTION: The physical condition of the | | | | | | _ | _ | | | |
| contraindicate | ed due to other medical conditions. | | | | | | | | | | • |
| | OR RAZONES MÉDICAS: El estado de salu as están contraindicadas debido a otros problem | | ırriba citada es ta | al que la v | acunación | significa | un riesgo | para su | salud o incl | luso su vi | da; o |
| , , , , , , , , , , , , , , , , , , , | | | | | | | | | accine(s): | | |
| Signed (Firma) | | Date (Fecha) | | | | | | | siguiente(s) \ | vacuna(s): | |
| DEL ICIONS | Physician (Médico) | | | Hep B | DTaP | Tdap | Hib | IPV | PCV | MMR | VAR |
| o immunization | EXEMPTION: Parent or guardian of the ons. | | | | | | | | | | |
| EXENCIÓN P | OR MOTIVOS RELIGIOSOS: El padre o tut | tor de la persona a | ırriba citada, o la | persona | misma, pe | rtenece a | una relig | ión que s | e opone a vaccine(s | la inmuni: | zación. |
| | | | | Exend | ión por mo | tivos religi | iosos de la | n(s) siguier | nte(s) vacuna | a(s): | _ |
| | arent, guardian, emancipated student/consenting minor | Date (Fecha) | | - 🔲 Hep B | ☐ DTaP | ☐ Tdap | ☐ Hib | □ IPV | □ PCV | □ MMR | □ VAR |
| (Padre | , tutor, estudiante emancipado o consentimiento del mer | | norman == (1) - | | | | | m+ + | 00000000 | | nn1 |
| o immunįzatio | | | | | | | | | | | posed |
| EXENCIÓN P nmunización. | OR CREENCIAS PERSONALES: Las cree | encias personales | del padre o tutor | de la per | sona arriba | a citada, c | la perso | na misma | a, se opone | en a la | |
| uZauluii. | | | | Pers | onal exe | | to the fo | llowing | vaccine(s | :): | |
| | | | | | | | | | | , | |
| Signed (Firma) | arent, guardian, emancipated student/consenting minor | Date (Fecha) | | Exend | ión por cre | encias per | sonales d | e la(s) sigu | iiente(s) vacı | una(s): | |

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

| VACCINE a | Level of School/Age of Student | | | | | | | | | | | | |
|--|--------------------------------|-----------------------|-----------------------|------------------------|-------------------------|-------------------------|-------------------------|-----------------------|--------------------|------------------------------|--------------------------------|------------------|--|
| | Child Care 2–3 mos | Child Care 4–5 mos | Child Care 6–7 mos | Child Care 8–11 mos | Child Care 12–14 mos | Child Care 15–18 mos | Child Care 19–23 mos | Pre-school 2–4 yrs | K Entry 4–6 yrs | Grades K to 5 5–10 yrs | Grades 6 to 12 11–18+yrs | College | |
| Hepatitis B I | 1 | 2 | | ; | 3 | • | | | 3 | 3 | 3 | | |
| Pertussis/Tetanus/ Diphtheria | 1 | 2 | 3 | | see footnote b | 4 | | | 5/4 b | 5/4 b c | 5/6 ^{c d} | | |
| Haemophilus influenzae type b (Hib) j | 1 | 2 | 2 | 3/2 | 3/2 | 3/2/1 | 3/2/1 | 3/2/1 | | | | | |
| Pneumococcal Conjugate ^k | 1 | 2 | 3/2 4/3/2 see | | | | footnote k | | | | | | |
| Polio e | 1 | 2 | | ; | 3 | | | | 4/3 f | 4/3 f | 4/3 f | | |
| Measles/Mumps/ Rubella ^g | | | | | 1 | | see footnote g | | 2 h | 2 h | 2 h | 2 ^{h i} | |
| Varicella ^m | | | | | 1 | | see footnote n | | 2 n | 2/1 n | 2/1 n | | |
| Meningococcal | | | | | | | | | | | | 0 | |

- **a:** Vaccine doses administered no more than 4 days before the minimum interval or age are to be counted as valid.
- 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 of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 6 months between dose 3 and dose 4 and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose was 1 was 1
- c: For students 7 years of age or older who have not had the required number of pertussis doses, no new or additional doses are required. Any student 7 years of age or older 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 of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given 6 months or more after the 2nd dose.
- d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

- e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is
- f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3 and at least 6 months between dose 2 and dose 4. The final dose must be given no sooner than 4 years of age. Minimum age/interval does not apply 4th dose of polio (3rd dose if given after 4th birthday) was administered prior to July 1, 2009.
- g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.
- h: 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.
- i: Measles, mumps, and rubella vaccine is not required for college students born before January 1, 1957.
- j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose wa given at 15 months of age or older, the Hib vaccine

- requirement is met. For students who began the series before 12 months of age, 3 doses are required of which at least 1 dose must have been administered at 12 months of age or older (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months of age, 2 doses are required. If the current age is 5 years of age or older, no new or additional doses are required.
- k: The number of pneumococcal conjugate vaccine (PCV) doses required depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered before 6 months of age, the child is required to receive 3 doses 2 months apart and an additional dose between 12–15 months of age, If started between 7–11 months of age, the child is required to receive 2 doses, two months apart and an additional dose between 12–15 months of age. For any student who received the 3rd dose on or after the first birthday, a 4th dose is not required. If the 1st dose was given at 12 to 23 months of age, 2 doses are required. If any dose was given at 24 months of age through 4 years of age, the PCV vaccine requirement is met. If the current age is 5 years or older, no new or additional doses are required.
- I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose is to be administered at least 4 weeks after the first dose, and the third dose is to be administered at least 16 weeks after the first dose and at least 8 weeks after the second

- dose. The final dose is to be administered at 24 weeks of age (6 months of age) or older and is not be administered prior to 6 months of age. Minimum age/interval does not apply to those students who had 3 doses of the vaccine administered prior to July 1, 2009.
- m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.
- n: If the second dose of varicella vaccine was administered to a child before 13 years of age, the minimum interval between dose 1 and dose 2 is three months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is 13 years of age or older, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.
- o: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

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

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

| School Year | Grade Level | | | | | | | | | | | | |
|--|-------------|------|------|------|------|------|--------------|--------------|--------------|--------------|--------------|------|------|
| School Year | к | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| 2007–08 | Var2 | Var1 | Var1 | Var1 | Var1 | Var1 | Tdap Var1 | Var1 | | | Tdap | | |
| 2008–09 | Var2 | Var2 | Var1 | Var1 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Var1 | | Tdap | Tdap | |
| 2009–10 | Var2 | Var2 | Var2 | Var1 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Var1 | Tdap | Tdap | Tdap |
| 2010–11 | Var2 | Var2 | Var2 | Var2 | Var1 | Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Tdap Var1 | Tdap | Tdap |
| 2011–12 | Var2 | Var2 | Var2 | Var2 | Var2 | Var1 | Var1 | Var1 | Var1 | Var1 | Var1 | Var1 | |
| 2012–13 (Var1 required for grades K to 12) | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var1 | Var1 | Var1 | Var1 | Var1 | Var1 | Var1 |
| 2013–14 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | | | | | | |
| 2014–15 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | | | | | |
| 2015–16 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | | | | |
| 2016–17 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | | | |
| 2017–18 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | | |
| 2018–19 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | |
| 2019–20 (Var2 required for grades K to 12) | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 | Var2 |