



# CERTIFICATE OF IMMUNIZATION FOR COLLEGE STUDENTS

Approved 11/2003 by CDPHE

Colorado Department  
of Public Health  
and Environment

**Colorado law requires that form be completed and provided to the school.**

Name:	Date of Birth:
Student ID/Social Security Number:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

**Immunization requirements for Colorado college students: two doses of MEASLES, MUMPS, and RUBELLA (MMR) vaccine.**

VACCINE	DATE GIVEN	VACCINE	DATE GIVEN
Measles #1		Measles #2	
Mumps #1		Mumps #2	
Rubella #1		Rubella #2	
ADDITIONAL VACCINES (NOT REQUIRED)	DATES GIVEN (IF AVAILABLE)	ADDITIONAL VACCINES (NOT REQUIRED)	DATES GIVEN (IF AVAILABLE)
DTP/DTaP (Diphtheria-Tetanus-Pertussis)		HBV (Hepatitis B)	
Td/DT (Tetanus-Diphtheria)		Varicella (Chickenpox)	
OPV/IPV (Polio)		Meningococcal	
Other:		Other:	

- Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1, 1957.
- If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required.
- The first MMR vaccine must have been administered **no earlier than 4 days before the first birthday**. The 2<sup>nd</sup> dose of MMR vaccine or of measles vaccine must have been administered **at least 28 calendar days after the 1<sup>st</sup> dose**.
- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

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

Signed (physician, nurse, or school health authority):

Title:

Date:

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

***In the event of an outbreak, exempted persons may be subject to exclusion from school and quarantine.***

**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.*

Signed (physician):

Date:

**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.*

Signed (parent, guardian, emancipated student or student 18 years and older):

Date:

**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.*

Signed (parent, guardian, emancipated student or student 18 years and older):

Date: