

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

Name _____ Date of Birth _____
 S.S. # _____

COLORADO DEPARTMENT OF HEALTH – CERTIFICATE OF IMMUNIZATION

MINIMUM DOSES REQUIRED					VACCINE	ENTER DATE EACH IMMUNIZATION WAS GIVEN								
VACCINE	Preschool (15 mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)	College	DIPHTHERIA-TETANUS-PERTUSSIS									
DTP/Td/DT	3	4	4		-OR- TETANUS-DIPHTHERIA (Td,DT)									
Polio	2	3	3											
MMR	1*	1*	2*	2*	POLIO									
Hib	1**				HEPATITIS B Recommended	Mo.	Day	Yr.	Mo.	Day	Yr.	Mo.	Day	Yr.
Any student starting or completing the vaccine series within 6 months of first enrollment in a Colorado school may be certified with:					RUBEOLA (Hard Red Measles) must be given after 12 mo. & after 1967	Mo.	Day	Yr.	Mo.	Day	Yr.	HISTORY OF DISEASES ARE NOT ACCEPTABLE		
VACCINE	Preschool (15 mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)		RUBELLA (German Measles) must be given after 12 mo. & after 6/69	Mo.	Day	Yr.	Mo.	Day	Yr.			
DTP/DT	3	3			MUMPS Must be given after 12 mo. & after 1966	Mo.	Day	Yr.	Mo.	Day	Yr.			
OR														
Td (Age 7+)		2	2		DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET									
Polio	2	2	2		TO THE BEST OF MY KNOWLEDGE, THIS PERSON HAS RECEIVED THE ABOVE IMMUNIZATIONS.									
MMR	1*	1*	2*		SIGNED _____ (PHYSICIAN, NURSE OR SCHOOL HEALTH AUTHORITY)									
Hib	1**				TITLE _____ DATE _____									
Beginning July 1, 1992, college freshmen who were born since January 1, 1957 must have had two measles, two mumps, and two rubella doses the first administered on or after the first birthday, and the second at least one month later. By July 1, 1995, all college students born since January 1, 1957 must comply. By July 1, 1997, all students in grades 7-12 must comply.														
**One Hib vaccine dose must have been administered at age 15 months or older.														
Your doctor or clinic may recommend additional doses.														

RECORDS ARE NOT ACCEPTABLE IF SIGNED BY AN UNAUTHORIZED PERSON. YOU WILL NOT BE ABLE TO REGISTER FOR A 2ND TERM UNLESS YOU MEET THIS REQUIREMENT.

Name _____ Date of Birth _____
 S.S. # _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL 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 _____ DATE _____
 (PHYSICIAN)

RELIGIOUS EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A RELIGIOUS BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
 (PARENT OR GUARDIAN OR STUDENT AGE 18 OR OLDER)

PERSONAL EXEMPTION

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A PERSONAL BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED _____ DATE _____
 (PARENT OR GUARDIAN OR STUDENT AGE 18 OR OLDER)