

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			
DTP/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.
Mumps	Mumps				
Rubella	Rubella				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.
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.

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET

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 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4 *	5 b,+c,*	
Tetanus/Diphtheria	1	2	3	3	4 *	5 b,+d,*	
Polio °	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella °,g,+				1	1	2 h	2 h,i
<i>Haemophilus influenzae</i> type b +	1	2	2	3/2/1 j	3/2/1 j		
Hepatitis B °,+	1	2	2	2	3	3 k	
Varicella °,+					1 g	1 g	
Pneumococcal Conjugate °,+	Delayed implementation						

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

Footnotes: (at school entry = newly entering a Colorado school)

*: The requirements for the 4th and 5th doses of diphtheria, tetanus, and pertussis vaccines are temporarily suspended, effective 4/12/2001.

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

a: Delayed implementation of pneumococcal conjugate for children up to 24 months of age attending child care or preschool.

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.

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.

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.

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.

i: Measles, mumps, and rubella vaccine is not 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 ≥ 2 years, no new or additional doses are required.

k: Ages 11-15 only: hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

Name _____ Date of Birth _____

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.*Medical exemption to the following vaccine(s).*Signed _____ Date _____ Optional to list: _____
(Physician)**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.*Religious exemption to the following vaccine(s).*Signed _____ Date _____ Optional to list: _____
(Parent, guardian, emancipated student/consenting minor)**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.*Personal exemption to the following vaccine(s).*Signed _____ Date _____ Optional to list: _____
(Parent, guardian, emancipated student/consenting minor)

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

Below is a partial chart of specific immunization requirements. By 2003–2004, Hepatitis B (HB) vaccine series will be required for K–12, by 2006–2007 Measles, Mumps and Rubella (MMR) vaccine (second dose) will be required for K–12 and by 2012–2013 Varicella (VAR) vaccine will be required for grades K–12. The school year is July 1 through June 30. In this table, after a vaccine is required for grades K–12 it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2001–2002	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB			MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2
2002–2003	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB		MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2003–2004 HB required for K–12	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2004–2005	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR			MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2005–2006	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR		MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2006–2007 MMR required for K–12	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2007–2008	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR					
2008–2009	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR				