

Dear Health Care Provider,

The Colorado Board of Health (CBOH) incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the **minimum age and minimum intervals** as defined by ACIP: [ACIP Immunization Schedules for Persons Aged 0 Through 18 Years of Age](#)

There are 3 ways a school/student can meet the compliance requirements directed by the Colorado Board of Health rule:

1. **A student is considered fully immunized if they have received school-required immunizations according to the ACIP schedule: DTaP, Tdap, IPV, Hep B, MMR, Varicella, Hib, PCV13.** (Note: Students entering Kindergarten are required to receive their final doses of DTaP, IPV, MMR and Varicella. Students entering 6th grade, regardless of age, are required to receive Tdap) OR
2. **A student is “in-process” of getting up-to-date on required immunizations (a written plan is provided to the school by the parent) OR**
3. **The student’s parent/guardian has submitted a signed non-medical exemption (based on religious or personal belief) or the health care provider (MD, DO, APN or delegated PA) has signed the medical exemption form due to a condition that precludes a patient receiving vaccine(s).**

If students do not meet one or more of the above compliance criteria, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules. If you have questions about the student’s school immunization requirement, please communicate with the student’s school nurse/school representative.

It is strongly recommended that additional vaccines that are recommended but not required be administered to best protect the student from vaccine preventable diseases (i.e., MenACWY, HPV, etc.).

If you have questions about the ACIP immunization schedule, or a dose of vaccine that is marked as invalid in your patient’s immunization record, the Colorado Immunization Branch provides a **Nurse on-call Monday through Friday, 8:30 a.m. through 5 p.m. at 303-692-2700.** Additionally, there are reliable resources where you can search for answers to specific immunization questions that may arise:

Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>

CDC’s 13th edition of the Epidemiology & Prevention of Vaccine-Preventable Diseases
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

The Immunization Action Coalition: Ask the Experts
<http://www.immunize.org/askexperts/>

To communicate with the CDC Experts at the National Immunization Program
nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Please contact Jamie D’Amico, RN, MSN, CNS at 303-692-2957 for questions regarding School Law.

Thank you,
The Colorado Immunization Branch
303-692-2700

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO
Department of Public
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease _____ Varicella - positive screen date _____ *A positive laboratory titer report must be provided to the school to document immunity.

Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____



Immunization Medical Exemption Form

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below. Incomplete forms will not be accepted.

Student Information:

Last Name:		First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth:	
Address:			
City:		State:	Zip Code:
Email Address:		County:	
Phone Number:		<input type="checkbox"/> Home <input type="checkbox"/> Cell	

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

Last Name:		First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian			
Address:			
City:		State:	Zip Code:
Email Address:		County:	
Phone Number:		<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:			
School District:			<input type="checkbox"/> Check if Not Applicable
Address:			
City:		State:	Zip Code:
Phone Number:		Grade of Student:	

Required Vaccines for Entering School: (Check each vaccine declined)	List medical contraindication(s) for each vaccine declined
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13)	
<input type="checkbox"/> Measles-mumps-rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Signature: _____ Date: _____
Physician (MD, DO), Advanced Practice Nurse (APN), or delegated Physician Assistant (PA)

Under Colorado law, you have the option to exclude your child's/your information from CIIS. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.