

# 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	Haemophilus influenza type b					<small>Required for children &lt;5 yrs. of age</small>
MMR	Measles					The 1 <sup>st</sup> MMR must have been given on or after the 1 <sup>st</sup> birthday. Effective 7/1/00, the 2 <sup>nd</sup> dose of MMR is required for Kindergarten. . 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.
	Mumps					
	Rubella					
HB	Hepatitis B					
Varicella	Chickenpox					History of disease. Yes _____ Year (optional) _____
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)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### 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.

*Medical exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
(Physician)

**RELIGIOUS EXEMPTION:** Parents 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)