COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS Name_____ Date of Birth _____

Parent/Guardian

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

	Vaccine		Enter the mon	th, day and yea	r each immuniz	ation was given	
Нер В	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria		Γ				
Hib	Haemophilus influenzae type b						
IPV/OPV	Polio		ALL .	\sim			
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox			Healthcare Provider Documentation Date		Lab Verification Date	
	Vaccines recorded below	v this line are re	commended. R	ecording of dates	is encouraged.		
HPV	Human Papillomavirus	$\gamma \gamma A$	ÚZSA S				
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza			\square			
Other							
			X II	8 2			

THIS SECTION CAN BE COMPLETED BY C	HILD CARE/SCHOOL/HEA	LTH CARE PROVIDER
A) Child Care Up to Date Up to date through 6 months of age for Colorado School Immunization Requirements	Update Signature	Date
B) Child Care Up to Date Up to date through 18 months of age for Colorado School Immunization Requirements	Update Signature	Date
C) Child Care/Pre-school/Pre-K* Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements	Update Signature	Date
D) Complete for K–5th Grade Up to date for K–5th Grade for Colorado School Immunization Requirements	Update Signature	Date
* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and	nd D.	

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed	Title				Date				·
(Physician, nurse, or school health authority)		-			_		_		_
							2)		
STATEMENT OF EXEMPTION TO IMMUNIZATIO	N LAW (DECLARACIÓN RI	ESPECT	O A LAS	EXENC	IONES	DE LA I	EY DE	VACUNA	CIÓN)
IN THE EVENT OF AN OUTBREAK, EXEMPTED P SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBL									
MEDICAL EXEMPTION: The physical condition of the contraindicated due to other medical conditions. EXENCIÓN POR RAZONES MÉDICAS: El estado de salud bien de subarros de suba	d de la persona arriba citada es ta								
bien, las vacunas están contraindicadas debido a otros problema	s de salud.	Modi	cal exen	notion to	the foll	owina va	accina(s)	۱.	
								vacuna(s):	
Signed (Firma)	Date (Fecha)								
Physician (Médico)		Hep B	DTaP	Tdap	Hib	IPV	PCV	MMR	VAR
RELIGIOUS EXEMPTION: Parent or guardian of the a to immunizations. EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tuto		persona r Relig	nisma, pe jious ex e	rtenece a	una relig to the fo	ión que se ollowing	e opone a vaccine	a la inmuniz (s):	
		Exenc	ión por mo	tivos religi	i osos de la	n(s) siguient	te(s) vacun	a(s):	
Signed (Firma)	Date (Fecha)								
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del meno	r)	Hep B	DTaP	Tdap	Hib	IPV	PCV	MMR	VAR
PERSONAL EXEMPTION: Parent or guardian of the to immunizations. EXENCIÓN POR CREENCIAS PERSONALES : Las creer inmunización.		de la pers Pers		a citada, c mption	la perso to the fo	na misma ו <i>llowing</i> ע	, se opon /accine(:	ien a la s) <i>:</i>	posed
Signed (Firma)	Date (Fecha)								
Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del meno	pr)	Hep B	DTaP	Tdap	Hib	IPV	PCV	MMR	VAR

Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION

	Level of School/Age of Student												
Vaccine ^a	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College	
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 ^b	5/4 b c	6 ^{c d}		
Polio ^e	1	2	3	3	3	3	3	3	4/3 f	4/3 f	4/3 f		
Measles/Mumps/ Rubella ^g					1	1	1	1	2 ^h	2 ^h	2 ^h	2 ^{h i}	
Haemophilus influenzae type b (Hib) ^j	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1					
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2						
Hepatitis B ¹	1	2	2	2	3	3	3	3	3	3	3		
Varicella m					1	1	1	1	2 n	2/1 n	2/1 ^{n o}		
Meningococcal												р	

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

The minimum interval of age are to be control as which are to be five doses of perturbasis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at \geq 48 months (i.e., on or after the 4th birthday) in which case only 4 doses are required.

c: For students \geq 7 years who have not had the required number of pertussis doses, no new or additional doses are required. 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 of tetanus and diphtheria vaccine (or tetanus, diphtheria, and pertussis vaccine if 10 or 11 years) if it is given > months after the 2nd dose.

d: The student must meet the minimum prior requirement for the 4th or 5th doses of diphtheria, tetanus, and pertussis vaccine and have 1 tetanus, diphtheria, and pertussis vaccine dose.

e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given \ge 48 months (i.e., on or after the 4th

birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.

g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at \geq 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

h: 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 required for college students born before January 1, 1957.

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j: The number of Hib vaccine doses required depends on the student's current age and the age when the vaccine was administered. If any dose was given > 15 months, the Hib vaccine requirement is met. For students who began the

series < 12 months, 3 doses are required of which at least 1 dose must have been administered at \geq 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses

are required. If the current age is ≥ 5 years, no new or additional doses are required

k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered at 15 do25 months with 1 dose administered on or after the 1st birthday; (iii) 7 to 11 months, 2 doses are required at 15 to 23 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is 2 years, no new or additional doses are required.

I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose should be administered at least 4 weeks after the first dose, and the third dose should be administered at least 16 weeks after the first dose and at least 8 weeks after the second dose. The final dose is to be administered at 24 weeks of age (6 months of age) and is not to be administered prior to that age.

m: For varicella, written evidence of a laboratory test showing immunity or a documented disease history from a health care provider is acceptable. The 1st dose of varicella vaccine must have beer administered at \geq 12 months of age (i.e., on or after the 1st birthday) to be acceptable.

n: If the second dose of varicella vaccine was administered to a child <13 years, the minimum interval between dose 1 and dose 2 is 3 months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is ≥13 years, the second dose of varicella vaccine must have been administered at least 28 calendar days after the 1st dose. See Table 2 for the school years/grade levels that the 1st and 2nd doses of varicella will be required.

o: If the 1st dose of varicella vaccine was administered at \geq 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.

p: Information concerning meningococcal disease and the meningococcal vaccine shall be provided to each new student or if the student is under 18 years, to the student's parent or guardian. If the student does not obtain a vaccine, a signature must be obtained from the student or if the student is under 18 years, the student's parent or guardian indicating that the information was reviewed.

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

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year		Grade Level											
	к	1	2	3	4	5	6	7	8	9	10	11	12
2007–08	Var2	Var1	Var1	Var1	Var1	Var1	Tdap Var1	Var1			Tdap		
2008–09	Var2	Var2	Var1	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Var1		Tdap	Tdap	
2009–10	Var2	Var2	Var2	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Var1	Tdap	Tdap	Tdap
2010–11	Var2	Var2	Var2	Var2	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap	Tdap
2011–12	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1	
2012–13 (Var1 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1
2013–14	Var2	Var2	Var2	Var2	Var2	Var2	Var2						
2014–15	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2					
2015–16	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2				
2016–17	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2			
2017–18	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2		
2018–19	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	
2019–20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2