

**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	Diphtheria-Tetanus-Pertussis					
Td/DT	Tetanus-Diphtheria					
OVP/IPV	Polio					
Hib	<i>Haemophilus Influenzae</i> Type B					One dose must be on or after the first birthday
Measles	Measles					The first MMR must have been given on or after the first birthday.  Written evidence of laboratory tests showing immunity to hepatitis b, measles, mumps, and rubella is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.
Mumps	Mumps					
Rubella	Rubella					
HB	Hepatitis B					

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)

		<b>MINIMUM IMMUNIZATION REQUIREMENTS</b> (Your doctor or clinic may recommend additional doses)			
		Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)	College
Name _____					
Date of Birth _____					
<b>STATEMENT OF EXEMPTION TO IMMUNIZATION LAW</b>					
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.					
<b>MEDICAL EXEMPTION:</b> 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)					
<b>RELIGIOUS EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself adheres to a religious belief opposed to immunizations.					
Signed _____	Date _____				
(Parent, guardian, emancipated student/consenting minor)					
<b>PERSONAL EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself adheres to a personal belief opposed to immunizations.					
Signed _____	Date _____				
(Parent, guardian, emancipated student/consenting minor)					

Vaccine	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)	College
DTP/Td/DT	3	4	4	
Polio	2	3	3	
Measles*	1	1	2	2
Mumps*	1	1	2	2
Rubella*	1	1	2	2
Hib**	1			
Hepatitis B***	3	3	3	

Any student starting or completing the vaccine series within 6 months of first enrollment in a Colorado school may be certified with:

Vaccine	Preschool (15mo-4yrs)	Grades K-6 (5-11yrs)	Grades 7-12 (12-18yrs)
DTP/DT OR	3	3	
Td (AGE 7+)		2	2
Polio	2	2	2
Measles*	1	1	2
Mumps*	1	1	2
Rubella*	1	1	2
Hib**	1		
Hepatitis B***	3	3	3

\*Measles, mumps and rubella vaccines must have been administered on or after the first birthday to be acceptable for certification. Seventh graders and college students who were born since January 1, 1957 must have had two measles, two mumps, and two rubella doses, administered at least thirty calendar days apart. If the student received a second measles dose prior to July 1, 1992, the second rubella and mumps doses are not required. By July 1, 1997, all students in grades 7-12 must comply.  
 \*\*One dose of Hib vaccine must have been administered at age 12 months or older. Children age 5 and older are exempt from the Hib requirement.  
 \*\*\* Hepatitis B vaccine must be administered such that dose 2 is given not less than 30 calendar days after dose 1 and dose 3 is administered not less than 60 calendar days after dose 2. In-process students are not in compliance who do not receive dose 3 within 150 calendar days after dose 2. By July 1, 2000 all students in grades K-3 & 7-10 must comply. By July 1, 2001 all students in grades K-4 & 7-11 must comply. By July 1, 2002, all students in grades K-5 & 7-12 must comply. By July 1, 2003 all students in grades K-12 must comply.  
 09/96