

**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. 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	Mumps					
Rubella	Rubella					
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
<b>Pertussis</b>	1	2	3	3	4 *	5 b,+c,*	
<b>Tetanus/Diphtheria</b>	1	2	3	3	4 *	5 b,+d,*	
<b>Polio<sup>e</sup></b>	1	2	2	2	3	4 f,+	
<b>Measles/Mumps/Rubella<sup>e,g,+</sup></b>				1	1	2 h	2 h,i
<b>Haemophilus influenzae type b<sup>+</sup></b>	1	2	2	3/2/1 j	3/2/1 j		
<b>Hepatitis B<sup>e,+</sup></b>	1	2	2	2	3	3 k	
<b>Varicella<sup>e,+</sup></b>					1 g	1 g	
<b>Pneumococcal Conjugate<sup>a,+</sup></b>	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 4<sup>th</sup> and 5<sup>th</sup> 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 4<sup>th</sup> dose was given at ≥ 48 months (i.e., on or after the 4<sup>th</sup> 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 3<sup>rd</sup> dose if it is given > 6 months after the 2<sup>nd</sup> 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 3<sup>rd</sup> dose was given ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 3 doses are required.

g: The 1<sup>st</sup> 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 1<sup>st</sup> birthday) to be acceptable.

h: If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required. The 2<sup>nd</sup> dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose.

i: Measles, mumps, and rubella vaccine is 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 1<sup>st</sup> birthday). If the 1<sup>st</sup> dose is given at 12–14 months, 2 doses are required. If the current age is ≥ 5 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)

CDPHE-PSD-IMM 67375B14-RC10 7/02

Revised July 2002

**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 HB
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 <b>HB required for K–12</b>	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 <b>MMR required for K–12</b>	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				