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 mor	nth, day and yea	r each immuni	zation was given		
Hep B	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				
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	$/\sqrt{A}$					
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY C	HILD CARE/SCHOOL/HEALTH CARE PRO	OVIDER
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 an	nd D.	

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

Signed	Title				Date	e			
(Physician, nurse, or school health authority)					_				
							$ \ge $		
STATEMENT OF EXEMPTION TO IMMUNIZATIO	ON LAW (DECLARACIÓN R	ESPECT	O A LAS	S EXENC	CIONES	DE LA I	EY DE	VACUNA	ACIÓN)
IN THE EVENT OF AN OUTBREAK, EXEMPTED F SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIB									
MEDICAL EXEMPTION: The physical condition of th contraindicated due to other medical conditions. EXENCIÓN POR RAZONES MÉDICAS: El estado de salu	ud de la persona arriba citada es ta								-
bien, las vacunas están contraindicadas debido a otros problema	as de salud.	Madi		antion t	a tha fall		a a a in a (a)	١.	
			cal exen						
Signad (Firms)	Date (Fecha)		ncion por	razones m	edicas api	ica a ia(s) s	siguiente(s)	vacuna(s):	
Signed (Firma) Physician (Médico)	Date (Fecha)	- Ц	DTaP	Tdap	Hib		PCV	MMR	VAR
RELIGIOUS EXEMPTION: Parent or guardian of the to immunizations. EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tut		persona r Relig	nisma, pe jious ex e	rtenece a emption	una relig to the fe	ión que s ollowing	e opone a vaccine	a la inmuni: (s):	
		Exenc	ión por mo	-	iosos de la	a(s) siguien	.,	a(s):	_
Signed (Firma) Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del mer	Date (Fecha)	- Ll Hep B	∐ DTaP	□ Tdap	Hib	IPV	PCV		VAR
PERSONAL EXEMPTION: Parent or guardian of the to immunizations. EXENCIÓN POR CREENCIAS PERSONALES: Las cree inmunización. Signed (Firma) Parent, guardian, emancipated student/consenting minor		de la pers Pers		a citada, c emption	o la perso to the fo	na misma Mowing v	, se opon /accine(nen a la s):	posed
(Padre, tutor, estudiante emancipade o consentimiento del mer	nor)	пер в		ruap	UID	IF'V	FUV	WINK	VAR

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

	Level of School/Age of Student												
VACCINE ^a	Child Care 2–3 mos	Child Care 4–5 mos	Child Care 6–7 mos	Child Care 8–11 mos	Child Care 12–14 mos	Child Care 15–18 mos	Child Care 19–23 mos	Pre-school 2–4 yrs	K Entry 4–6 yrs	Grades K to 5 5–10 yrs	Grades 6 to 12 11–18+yrs	College	
Hepatitis B ⁺	1	2		:	3				3	3	3		
Pertussis/Tetanus/ Diphtheria	1	2	:	3	see footnote b	4			5/4 ^b	5/4 ^{b c}	5/6 ^{c d}		
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		4/3/2 see	footnote k						
Polio ^e	1	2		;	3				4/3 f	4/3 f	4/3 f		
Measles/Mumps/ Rubella ^g					1		see footnote g		2 ^h	2 ^h	2 ^h	2 ^{h i}	
Varicella m					1	see footnote n		2 n	2/1 n	2/1 n			
Meningococcal												0	

counted as valid.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required at school entry in Colorado unless the 4th dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 4 doses are required. There must be at case only 4 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose 3, at least 4 weeks between dose 2 and dose 4 and at least 6 months between dose 4 and dose 5. The final dose must be given no sooner than 4 years of age (dose 4 may be given at 12 months of age provided there is at least 6 months between dose 3 and dose 4). If a child has received 6 doses of DTaP before the age of 4 years, no additional doses are required.

c: For students 7 years of age or older who have c: For students 7 years of age or older who have not had the required number of pertussis doses, no new or additional doses are required. Any student 7 years of age or older at school entry in Colorado who has not completed a primary series of 3 appro-priately spaced doses of tetanus and diphtheria vac-cine 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 6 months or more 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.

a: Vaccine doses administered no more than 4 days before the minimum interval or age are to be dence of a laboratory test showing immunity is acceptable.

f: Four doses of polio vaccine are required at school f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given at 48 months of age or older (i.e., on or after the 4th birthday) in which case only 3 doses are required. There must be at least 4 weeks between dose 1 and dose 2, at least 4 weeks between dose 2 and dose and at least 6 months between dose 2 and dose 3 and at least 6 months between dose 3 and dose 4. The final dose must be given no sooner than 4 years of age. Minimum age/interval does not apply if 4th dose of polio (3rd dose if given after 4th birth-day) was administered prior to July 1, 2009.

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

h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been admin-istered 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.

i: 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 wa given at 15 months of age or older, the Hib vaccine was

requirement is met. For students who began the requirement is met. For students who began the series before 12 months of age, 3 doses are required of which at least 1 dose must have been administered at 12 months of age or older (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months of age, 2 doses are required. If the current age is 5 years of age or older, no new or additional doses are required.

k: The number of pneumococcal conjugate vaccine (PCV) doses required depends on the student's cur-

(PCV) doses required depends on the student's cur-rent age and the age when the 1st dose was admin-istered. If the 1st dose was administered before 6 months of age, the child is required to receive 3 doses 2 months apart and an additional dose between 12–15 months of age. If started between 7–11 months of age, the child is required to receive 2 doses, two months apart and an additional dose between 12–15 months of age. For any student who received the 3rd dose on or after the first birthday, a 4th dose is not required. If the 1st dose was given at 12 to 23 months of age, 2 doses are required. If any dose was given at 24 months of age through 4 years of age, the PCV vaccine requirement is met. If the current age is 5 years or older, no new or addi-tional doses are required. tional doses are required.

I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose is to be administered at least 4 weeks after the first dose, and the third dose is to 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 dose. The final dose is to be administered at 24 weeks of age (6 months of age) or older and is not to be administered prior to 6 months of age. Mini-mum age/interval does not apply to those students who had 3 doses of the vaccine administered prior to July 1, 2009.

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 been administered at 12 months of age or older (i.e., on or after the 1st birthday) to be acceptable.

If the second dose of varicella vaccine was administered to a child before 13 years of age, the minimum interval between dose 1 and dose 2 is three months, however, if the second dose is admini istered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is 13 years of age or older, the second dose for a second dose is a second dose is a definite the second dose does not need to be repeated. is admindoes of varicella vaccine must have been adminis-tered 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.

and the track the boost of relations will be required. The information concerning mening cooceal disease and the mening cooceal 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 stu-dent 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 quardian indicating and the student's parent or quardian indi 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												
2014–15	Var2	Var2											
2015–16	Var2	Var2	Var2										
2016–17	Var2	Var2	Var2	Var2									
2017–18	Var2	Var2	Var2	Var2	Var2								
2018–19	Var2	Var2	Var2	Var2	Var2	Var2							
2019–20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2						