

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

| MINIMUM DOSES REQUIRED  |  |  |  |  | VACCINE   | ENTER DATES EACH IMMUNIZATION WAS GIVEN |  |  |  |  |
|---|--|--|--|--|---|---|--|--|--|--|
| VACCINE Preschool (15mo-4yrs) Grades K-6 (5-11yrs) Grades 7-12 (12-18yrs) College (12-13yrs)  |  |  |  |  | DIPHTHERIA – TETANUS – PERTUSSIS (DTP)  |   |  |  |  |  |
|   |  |  |  |  | - OR -  |   |  |  |  |  |
|   |  |  |  |  | TETANUS – DIPHTHERIA (Td, DT)   |   |  |  |  |  |
|   |  |  |  |  | POLIO   |   |  |  |  |  |
| Any student starting or completing the vaccine series within 6 months of first enrollment in a Colorado school may be certified with:   |  |  |  |  | HAEMOPHILUS INFLUENZA TYPE b** (ENTER MONTH, DAY, YEAR)   |   |  |  |  |  |
| VACCINE Preschool (15mo-4yrs) Grades K-6 (5-11yrs) Grades 7-12 (12-13yrs)   |  |  |  |  | MEASLES* (ENTER MONTH, DAY, YEAR)   |   |  |  |  | Written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable.<br><br>Attach written proof to this certificate or record test results and dates in the boxes at left. |
|   |  |  |  |  | MUMPS* (ENTER MONTH, DAY, YEAR)   |   |  |  |  |  |
|   |  |  |  |  | RUBELLA* (ENTER MONTH, DAY, YEAR)   |   |  |  |  |  |
|   |  |  |  |  |   |   |  |  |  |  |
| DTP/DT 3 4 4<br>Polio 2 3 3<br>Measles* 1 1 2 2<br>Mumps* 1 1 2 2<br>Rubella* 1 1 2 2<br>Hib** 1  |  |  |  |  | TO THE BEST OF MY KNOWLEDGE, THIS PERSON HAS RECEIVED THE ABOVE IMMUNIZATIONS.  |   |  |  |  |  |
| DTP/DT 3 3<br>CR<br>Td (Age 7+) 2 2 2<br>Polio 2 2 2<br>Measles* 1 1 2<br>Mumps* 1 1 2<br>Rubella* 1 1 2<br>Hib* * 1  |  |  |  |  | <p align="center"><b>DO NOT SIGN</b></p> SIGNED _____<br>(PHYSICIAN, NURSE OR SCHOOL HEALTH AUTHORITY)<br><br>TITLE _____ DATE _____<br><br><p align="center"><b>UNLESS MINIMUM IMMUNIZATION REQUIREMENTS</b></p> |   |  |  |  |  |
| * Measles, mumps and rubella vaccines must have been administered on or after the first birthday to be acceptable for certification.<br>Beginning July 1, 1992, 7 <sup>th</sup> graders and college freshmen born since January 1, 1957 must have 2 measles doses, 2 mumps doses and 2 rubella doses: 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 measles, mumps and rubella doses must have been administered on or after the first birthday and at least one month apart. By July 1, 1995 all college students born since January 1, 1957 must comply. By July 1, 1997 all students in grades 7-12 must comply.<br>** One Hib vaccine dose must have been administered at age 12 months or older. Children age 5 and older are exempt from Hib requirements.<br>Your doctor or clinic may recommend additional doses. |  |  |  |  |   |   |  |  |  |  |

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.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (PHYSICIAN)

**RELIGIOUS EXEMPTION**

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A RELIGIOUS BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)

**PERSONAL EXEMPTION**

PARENT OR GUARDIAN OF THE ABOVE NAMED PERSON OR THE PERSON HIMSELF/HERSELF ADHERES TO A PERSONAL BELIEF OPPOSED TO IMMUNIZATIONS.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
 (PARENT OR GUARDIAN OR EMANCIPATED STUDENT/CONSENTING MINOR)