

MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION
Kindergarten through 12th grade: 2016-17 SY - Required for School Attendance

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age)
	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>	
Diphtheria/Tetanus/Pertussis <i>DTaP or DT only licensed through 6 yrs of age. (Tdap can be given as early as 7)</i>	5 to 6	5 DTaP or DT (if dose 4 was administered on or after the 4 th birthday, the requirement is met). The final dose of DTaP must be given no sooner than 4 years of age. Tdap is required at 6 th grade entry and through 12 th
Tetanus/Diphtheria/Pertussis <i>For students 7 years of age or older who did not have full series of DTaP or DT</i>	3 or 4	3 or 4 appropriately spaced tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap). Intervals between doses include 4 wks between first 2 (or 3) doses and 6 mos between last 2 doses. (Note: If 1 st dose is given before 1 year of age, the student will need 4 doses).
Polio (IPV)	3 to 4	4 IPV (or 3 doses if 3 rd dose is given on or after 4 th birthday). Students who were compliant with 3 or 4 doses prior to August 7, 2010 have met the requirement if at least 4 weeks between doses.
Measles/Mumps/Rubella (MMR)	2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses are required for students entering Kindergarten. (2 doses are required through 12 th grade).
Varicella (Chickenpox)	2	The 1 st dose cannot be administered more than 4 days before the 1 st birthday. 2 doses are required for students entering Kindergarten. (2 doses are required through 12 th grade). <i>Note: no vaccine required if there is documentation of chickenpox disease by a health care provider.</i>
Hepatitis B	3	The 2 nd dose must be administered at least 4 weeks after the first dose. The 3 rd dose must be administered at least 16 weeks after the 1 st dose and at least 8 weeks after the 2 nd dose. The final dose must be administered no sooner than 24 weeks of age. <i>Note: there is a specific 2-dose series is for ages 11-15 years only.</i>

RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE-PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age) <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. Recommended for children 6 months of age and older.
Meningococcal Meningitis (MCV)	1 to 2	Adolescents 11-18 years of age
Human Papillomavirus (HPV)	3	Adolescents 11-18 years of age
Hepatitis A (Hep A)	2	All children 1 year of age and older

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902. There are three ways to be in compliance with the school immunization law:

1. Student's immunization record shows they are fully immunized with required vaccines. A laboratory test showing immunity is also acceptable.
2. For the student who is catching up on receiving required immunizations, the school will notify the parent/guardian that the student has 14 days to receive the required immunization(s) or to provide written documentation of the plan to receive the next required immunization(s) following the minimum intervals of the Advisory Committee on Immunization Practices (ACIP) schedule. If the plan is not completed, the student shall be excluded from school for non-compliance.
3. Valid medical exemption signed by a healthcare provider or non-medical exemption (religious or personal) submitted by a parent/guardian.



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 month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Measles	Measles						
Mumps	Mumps						
Rubella	Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH 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 D.

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

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

Name _____ Date of Birth _____

Parent/Guardian _____

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW
(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

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.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Medical exemption to the following vaccine(s):

La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico)

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.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Religious exemption to the following vaccine(s):

Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

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.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Personal exemption to the following vaccine(s):

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib IPV PCV MMR VAR

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)