

**CERTIFICATE OF
IMMUNIZATION FORM**

Student Name (please print) _____

Student ID/Social Security # _____

Address (Street, City, State, ZIP) _____

Date of Birth _____

**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					
OPV/IPV	Polio					
Hib	Haemophilus Influenzae Type b				One dose must be on or after the 1 st birthday	
VAR	Varicella					
Measles	Measles			The first MMR must have been given on or after the 1 st birthday. Written evidence of laboratory tests showing immunity to measles, mumps, rubella and polio 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				Written evidence of laboratory tests showing immunity to Hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.	

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

MINIMUM IMMUNIZATION REQUIREMENTS

(Your doctor or clinic may recommend additional doses)

Name: _____

Date of Birth: _____

Birth: _____

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE

<u>Vaccine</u>	<u>Preschool (18months - 4yrs)</u>	<u>Grades K- 6 (5-11yrs)</u>	<u>Grades 7- 12 (12-18yrs)</u>	<u>College</u>
DTP/Td/DT	3	4	4	-
Polio	2	3	3	-
Measles*	1	1	2	2
Mumps*	1	1	2	2
Rebella*	1	1	2	2
Hib**	1	-	-	-
Hepatitis B ***	3	3	3	-

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.

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

<u>Vaccine</u>	<u>Preschool (18months - 4yrs)</u>	<u>Grades K-6 (5-11yrs)</u>	<u>Grades 7-12 (12-18yrs)</u>
DTP/DT or Td (AGE7+)	3	3	-
Polio	2	2	2
Measles*	1	1	2
Mumps*	1	1	2
Rubella*	1	1	2
Hib**	1	-	-
Hepatitis B***	3	3	3

Signed: _____
(Physician)

Date: _____

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.

* 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.

Signed: _____
(Parent, guardian, emancipated student/consenting minor)

Date: _____

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.

** 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.

*** Beginning July 1, 1997 all day care students age 18 months through 4 years of age, kindergarten and seventh grade students must have had three doses of hepatitis B vaccine. Beginning July 1, 1997 all students less than 18 months of age must meet the minimum number of doses required for their age. By July 1, 1998 all students in grades k-1 & 7-8 must comply. By July 1, 1999 all students in grades K-2 & 7-9 must comply. 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.

Signed: _____
(Parent, guardian, emancipated student/consenting minor)

Date: _____

The "Immunization Record Form" for Wardenburg Health Center Immunization Program must be completed by all new students born on or after January 1, 1957.

- This mandatory form must be turned in before student begins classes at the University of Colorado at Boulder.
- This form must be signed by a physician, a nurse or a school official.
- The form must include the month, date and year of your Measles, Mumps and Rubella vaccinations.
- Written evidence of laboratory tests showing immunity to measles, mumps, rubella is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes on the form and have the form signed by the physician.
- A physician or parent stating that you have had any of these diseases is not acceptable.
- A physical examination is not required unless you are participating in inter-collegiate athletics.

Please send the completed copy back to the Immunization Program in one of the following ways:

FAX: 303-492-1014

MAIL:

University of Colorado
Immunization Program
Wardenburg Health Center
Campus Box 119
Boulder CO 80309-0119

IN PERSON:

Drop off forms at Room 346
Immunization Program Office
Wardenburg Health Center
University of Colorado Boulder Campus
Phone: 303-492-2005