

IMMUNIZATION FORM

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE CAMP

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 <small>(see footnote "c" below)</small>				
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.

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

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)

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