COLORADO	D LAW REQUIRES THAT THIS FOR	M BE COMP	LETED FOR	EACH	STUDEI	NT ATI	ENDIN	IG CO	LORADO	SCHO	DOLS
Name					of Birth _						
Parent/Guard											
COLORAD	O DEPARTMENT OF PUBLIC	HEALTH A	AND ENVIF	RONM	ENT—	CERT	IFICA	TE O	F IMMU	JNIZA	TION
	Vaccine		Enter the mo	nth, day	and yea	r each i	mmuniz	ation v	vas given		
Нер В	Hepatitis B										
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)										
DT	Diphtheria, Tetanus (pediatric)										
Tdap	Tetanus, Diphtheria, Pertussis										
Td	Tetanus, Diphtheria										
Hib	Haemophilus influenzae type b			77							
IPV/OPV	Polio			47							
PCV	Pneumococcal Conjugate										
MMR	Measles, Mumps, Rubella							+			
Varicella	Chickenpox			Healthcare				+			
Varicella		this line are re	annun dad [Documenta		lo onco	urogod	Lab Verifica	tion Date		
UDV/	Vaccines recorded below	v uns line are re	Commended. F	recordin	y or dates	s is enco	uraged.	T			
HPV	Human Papillomavirus										
Rota	Rotavirus	(A)					7-11	+			
MCV4/MPSV4	Meningococcal		MAG /				/ 	+			
Hep A	Hepatitis A		4								
TIV/LAIV	Influenza										
Other				11/							
Up to date for I	te for K—5th Grade <-5th Grade for Colorado School Immunization Requiren d fulfills Requirements for Pre-School & Kindergarten, ch	eck BOTH Boxes C							Date		
HAS Signed	MET ALL IMMUNIZATION REQU	Title							OR HIG		
Signed	(Physician, nurse, or school health authority)	ride				404	Date		7	- 4	
OTATEMEN				00.00			1011			/ A O	مخض
IN THE E	T OF EXEMPTION TO IMMUNIZATION VENT OF AN OUTBREAK, EXEMPTED FOR SENTA UN BROTE DE LA ENFERMEDAD, ES POSIB	PERSONS MAY	BE SUBJECT	TO EX	CLUSION	FROM	SCHOO	L AND	TO QUA	RANTIN	E.
contraindicate EXENCIÓN P	XEMPTION: The physical condition of the due to other medical conditions. OR RAZONES MÉDICAS: El estado de saluas están contraindicadas debido a otros problema	ıd de la persona a		l que la va	acunación :	significa u	un riesgo	para su		uso su vi	•
Signed (Firma)	Physician (Médico)	Date (Fecha)		La exe	ención por ra DTaP	Zones me	é dicas apli ☐ Hib	ca a la(s)	siguiente(s) v PCV	vacuna(s):	□ VAR
RELIGIOUS	EXEMPTION: Parent or guardian of the	above named r	person or the pe								
to immunization				persona i	misma, per	tenece a	una religi	ón que s		la inmuniz	
Signed (Firm - \		Dato (Eacha)						(s) siguier	nte(s) vacuna	(s):	
	arent, guardian, emancipated student/consenting minor	Date (Fecha)		⊔ Hep B	□ DTaP	∐ Tdap	Hib	□ IPV	PCV	☐ MMR	□ VAR
	, tutor, estudiante emancipado o consentimiento del men EXEMPTION: Parent or guardian of the ons.		person or the p	erson hi	mself/hers	self is ar	n adhere	ent to a p	personal b	pelief op	posed
	OR CREENCIAS PERSONALES: Las cree	ncias personales	del padre o tutor				•				
									vaccine(s _, iiente(s) vaci		
	arent, guardian, emancipated student/consenting minor	Date (Fecha)		Hep B	□ DTaP	☐ Tdap	Hib	IPV	PCV	MMR	□ VAR

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

	Level of School/Age of Student												
Vaccine ^a	Child Care 2 to 3 mos	Child Care 4 to 5 mos	Child Care 6 to 7 mos	Child Care 8 to 11 mos	Child Care 12 to 14 mos	Child Care 15 to 17 mos	Child Care 18 to 23 mos	Preschool 2 to 4 yrs	K Entry 4 to 6 yrs	Grades K to 5 5 to 10 yrs	Grades 6 to 12 11 to 18 yrs	College	
Pertussis/Tetanus/ Diphtheria	1	2	3	3	3	4	4	4	5/4 b	5/4 b c	6 c d		
Polio e	1	2	3	3	3	3	3	3	4/3 f	4/3 f	4/3 f		
Measles/Mumps/ Rubella ^g					1	1	1	1	2 h	2 h	2 h	2 h i	
Haemophilus influenzae type b (Hib)	1	2	2	3/2	3/2	3/2/1	3/2/1	3/2/1					
Pneumococcal Conjugate ^k	1	2	3/2	3/2	4/3/2	4/3/2	4/3/2						
Hepatitis B I	1	2	2	2	3	3	3	3	3	3	3		
Varicella ^m					1	1	1	1	2 n	2/1 ⁿ	2/1 no		
Meningococcal												р	

- a: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be 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 (i.e., on or after the 4th birthday) in which case only 4 doses are required.
- c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required. Any student ≥ 7 years at school entry in Colorado who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine 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 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.
- e: For polio, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable.
- f: Four doses of polio vaccine are required at school entry in Colorado unless the 3rd dose was given ≥ 48 months (i.e., on or after the 4th

- birthday) in which case only 3 doses are required. Four valid doses are a complete series regardless of age at completion.
- g: For measles, mumps, and rubella, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. The 1st dose of measles, mumps, and rubella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
- h: The 2nd dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered 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.
- j: 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 was given ≥ 15 months, the Hib vaccine requirement is met. For students who began the series < 12 months, 3 doses are required of which at least 1 dose must have been administered at ≥ 12 months (i.e., on or after the 1st birthday). If the 1st dose was given at 12 to 14 months, 2 doses

- are required. If the current age is \geq 5 years, no new or additional doses are required.
- k: The number of pneumococcal conjugate vaccine doses depends on the student's current age and the age when the 1st dose was administered. If the 1st dose was administered at: (i) ≤ 6 months, 3 doses are required at 6 to 14 months and 4 doses are required at 15 to 23 months with 1 dose administered on or after the 1st birthday; (ii) 7 to 11 months, 2 doses are required at 6 to 14 months and 3 doses are required at 15 to 23 months with 1 dose on or after the 1st birthday; (iii) 12 to 23 months, 2 doses are required. If the current age is ≥ 2 years, no new or additional doses are required.
- I: For hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable. The second dose should be administered at least 4 weeks after the first dose, and the third dose should 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 weeks of age (6 months of age) and is not to be administered prior to that age.
- 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 bee administered at ≥ 12 months of age (i.e., on or after the 1st birthday) to be acceptable.
- n: If the second dose of varicella vaccine was administered to a child <13 years, the minimum interval between dose 1 and dose 2 is 3 months, however, if the second dose is administered at least 28 days following the first dose, the second dose does not need to be repeated. For a child who is ≥13 years, the second dose of varicella vaccine must have been administered 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.
- o: If the 1st dose of varicella vaccine was administered at ≥ 13 years, 2 doses are required, separated by a minimum of 4 to 8 weeks.
- p: Information concerning meningococcal disease and the meningococcal 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 student 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 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												
School Year	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	Var2	Var2	Var2	Var2	Var2	Var2						
2014–15	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2					
2015–16	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2				
2016–17	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2			
2017–18	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2		
2018–19	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	
2019–20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2