



Colorado Department
of Public Health
and Environment

CERTIFICATE OF IMMUNIZATION FOR COLLEGE STUDENTS

Approved 11/2003 by CDPHE

Colorado law requires that form be completed and provided to the school.

Name:	Date of Birth:
Student ID/Social Security Number:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

Immunization requirements for Colorado college students: two doses of MEASLES, MUMPS, and RUBELLA (MMR) vaccine.

VACCINE	DATE GIVEN	VACCINE	DATE GIVEN
Measles #1		Measles #2	
Mumps #1		Mumps #2	
Rubella #1		Rubella #2	
ADDITIONAL VACCINES (NOT REQUIRED)	DATES GIVEN (IF AVAILABLE)	ADDITIONAL VACCINES (NOT REQUIRED)	DATES GIVEN (IF AVAILABLE)
DTP/DTaP (Diphtheria-Tetanus-Pertussis)		HBV (Hepatitis B)	
Td/DT (Tetanus-Diphtheria)		Varicella (Chickenpox)	
OPV/IPV (Polio)		Meningococcal	
Other:		Other:	

- Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1, 1957.
- If the student received a 2nd measles dose prior to July 1, 1992, the 2nd rubella and mumps doses are not required.
- The first MMR vaccine must have been administered no earlier than 4 days before the first birthday. The 2nd dose of MMR vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1st dose.
- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL/CHILD CARE ENTRY

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS FOR AGE OR GRADE ARE MET

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

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.

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

*Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

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.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

*Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

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.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student or student 18 years and older
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

*Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

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