COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com

CDPHE | COLORADO Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____ **Date of birth:** _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date* MM/DD/YY

Required vaccines						Titer date*
Hep B Hepatitis B						
DTaP Diphtheria, Tetanus, Pertussis (pediatric)						
Tdap Tetanus, Diphtheria, Pertussis						
Td Tetanus, Diphtheria						
Hib *Haemophilus influenzae* type b						
IPV/OPV Polio						
PCV Pneumococcal Conjugate						
MMR Measles, Mumps, Rubella						
Measles						
Mumps						
Rubella						
Varicella Chickenpox						

Varicella - date of disease		Varicella – positive screen date	

*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

Recommended vaccines						
HPV Human Papillomavirus						
Rota Rotavirus						
MCV4/MPSV4 Meningococcal						
Men B Meningococcal						
Hep A Hepatitis A						
Flu Influenza						
Other						

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one):   Yes   No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____