## **CERTIFICATE OF IMMUNIZATION - COLLEGE/UNIVERSITY**

cdphe.colorado.gov/immunization



This form is to be completed by health care providers or their designated staff, and signed by a health care provider (physician [MD, DO], advanced practice nurse [APN], or delegated physician's assistant [PA]). If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form.

| Student Name:   |  |   |  |  | _               | Date of Birth:                       |   |                     |
|---|--|---|--|--|-----------------|--------------------------------------|---|---------------------|
|   | lm   | munization date                                 | e(s)                                     | Titer date*  |                 |                                      |   |                     |
| Required vaccines   | MM/DD/YY   | MM/DD/YY  | MM/DD/YY                                 | MM/DD/YY   |                 |                                      | attending in-person, (MMR) vaccine are      |                     |
| MMR <sup>1</sup> Measles, Mumps, Rubella  |  |   |  |  |                 |                                      | ary 1, 1957. To exen<br>Exemption must be s |                     |
| Measles <sup>1</sup>  |  |   | ;<br>;                                   |  |                 | iversity following gui<br>xemptions. | dance found at: cdpl                        | ne.colorado.gov/    |
| Mumps <sup>1</sup>  |  |   |  | ·<br>·<br>·  |                 |                                      | udents residing in sto                      |                     |
| Rubella <sup>1</sup>  |  |   |  | 1<br>1<br>1  | meningoo        |                                      | are two ways to me                          |                     |
| MenACWY <sup>2</sup> Meningococcal ACWY   |  |   |  |  | 1. Docu         |                                      | ngococcal ACWY va                           | ccine within the la |
| Laboratory confirmation of positive titers are a components (measles, mumps, and rubella) ar appropriate MMR vaccine series meeting the Ahe school with a Certificate of Exemption for the found at cdphe.colorado.gov/vaccine-exemptors are commended vaccines.  | e positive. If any sing<br>dvisory Committee on<br>e component(s) for votions. | le titer is negative, th<br>n Immunization Prac | ne student must be votices' (ACIP) minim | vaccinated with an<br>um intervals or pro<br>ion on exemptions | n age-<br>ovide | ig the waiver lound                  | on page two of this d                       | Titer date†         |
| Tdap Tetanus, Diphtheria, Pertussi  |  | 1   |  |  |                 |                                      |   | IVIIVI/BB/11        |
| Td Tetanus, Diphtheria  |  |   |  |  |                 |                                      |   |                     |
| IPV/OPV Polio   |  |   |  |  |                 |                                      |   |                     |
| HepA Hepatitis A  |  |   |  |  |                 |                                      |   |                     |
| HepB Hepatitis B  |  |   |  |  |                 |                                      |   |                     |
| MenB Meningococcal B  |  |   |  |  |                 |                                      |   |                     |
| HPV Human Papillomavirus  |  | :   |  |  |                 |                                      |   |                     |
| Flu Influenza   |  |   |  |  |                 |                                      |   |                     |
| COVID-19  |  |   |  |  |                 |                                      |   |                     |
| Varicella Chickenpox  |  |   |  | aricella<br>lisease Date                                       |                 | Positive Screen Date                 |   |                     |
| Other   |  |   |  |  |                 |                                      |   |                     |
| † A positive laboratory titer report must be pritter is not an acceptable alternative to the value although | signature:<br>unizations for a<br>viewed by scho                               | ge (circle one)                                 | /<br>: OR Yes                            |  | t a             | _                                    | Date:                                       |                     |
| chool health authority signature o  | 's school to share n   |   |  |  |                 | th                                   | Date:                                       |                     |
| agencies and the Colorado Immunization  Parent, guardian, or student (if emanc  |  |   |  | al immunization  | registry.       |                                      | _Date:                                      |                     |

## Meningococcal Disease Information and Vaccine Waiver

Colorado law, Section 23-5-128, C.R.S., requires all public or nonpublic postsecondary education institutions in Colorado to provide information concerning meningococcal disease and meningococcal vaccine to each new college or university student residing in student housing, or to the college or university student's parent or legal guardian if the college or university student is under 18 years. "New student" means any incoming freshman student residing in student housing, as defined by the institution, or any student the institution requires to complete and return a standard immunization record indicating the vaccines received by the student, as a requirement for residing in student housing.

- Meningococcal disease is a serious disease and refers to any illness caused by bacteria called Neisseria
  meningitidis. These illnesses are often severe, can be deadly, and include infections of the lining of the brain and
  spinal cord (meningitis) and sometimes the bloodstream.
- Even when treated with appropriate antibiotic therapy, meningococcal disease kills 10 to 15 out of 100 people who are infected. As many as 20% of survivors will have permanent conditions such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, and scarring from skin grafts.
- Meningococcal disease is contagious, but largely preventable. Keeping up to date with recommended vaccines is
  one of the best ways to protect against meningococcal disease.
- While anyone can get meningococcal disease, new college and university students living in student housing are considered to have an increased risk for meningococcal disease.

| There are two types of meningococcal vaccines available in the U.S.  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| MenACWY (vaccine or a signed waiver is required)   | MenB (not required for school entry)   |  |  |  |  |  |
| <ul> <li>Can prevent four types of meningococcal disease and is routinely recommended for children and adolescents.</li> <li>New college students living in residence halls should receive at least one dose of MenACWY within five years prior to college entry.</li> </ul> | <ul> <li>Can prevent serogroup B meningococcal disease, which is relatively rare, though outbreaks have occurred at several U.S. colleges.</li> <li>Health care providers, the student, and/or their parent(s) or guardian(s) should discuss the risk of the disease and weigh the benefits and risks of vaccination.</li> </ul> |  |  |  |  |  |

A vaccine, like any medicine, can cause mild side effects. If they occur, these symptoms usually get better on their
own within one to two days. Serious reactions are possible but rare. Getting a meningococcal vaccine is much
safer than getting the disease. For more information, go to: https://www.cdc.gov/vaccines/vpd/mening/public
adolescent-vaccine.html.

To get vaccinated against meningococcal disease or to discuss the benefits and risks of vaccination, students should check with their health care provider. This website https://cdphe.colorado.gov/immunizations/get-vaccinated offers resources for locating vaccines.

New students living in residence halls who have <u>not</u> received a MenACWY vaccine within five years prior to college entry AND who <u>do NOT</u> wish to be vaccinated **must** check the box and sign below to indicate they have reviewed this information and decided not to obtain a vaccine for protection against meningococcal disease. NOTE: Parents/guardians must sign if their student is under 18 years of age.

| Meningococcal Vaccine (MenACWY) Waiver   |                  |  |  |  |  |  |
|--|------------------|--|--|--|--|--|
| ☐ Check to indicate you have reviewed information on meningococcal disease and have decided the student will not receive MenACWY vaccine to protect against meningococcal disease. |                  |  |  |  |  |  |
| Date:/   |                  |  |  |  |  |  |
| Parent, guardian, or student (if emancipated or 18+ years of age) signature:   |                  |  |  |  |  |  |
| Print the name of the student:   | Date of birth:// |  |  |  |  |  |