

CERTIFICATE OF IMMUNIZATION FOR COLLEGE STUDENTS

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

of Public Health and Environment				
Name:	Date	Date of Birth:		
Student ID/Social Security Number:	•			
Street Address:	City,	City, State, ZIP Code:		
School Name:	Scho	School Address:		
School Phone Number:	Scho	School Fax Number:		
Immunization requirements for Colorado	college students: two doses	of MEASLES, MUMPS, and R	UBELLA (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 AD	DDITIONAL 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:	Othe	r:		
 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 PERS				
DO NOT SIGN UNLESS MINIM Signed(Physician, nurse or school he	Title		EMENTS FOR AGE OR GRADE ARE MET Date	
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 s contraindicadas debido a otros problemas de salud.	alud de la persona arriba citada es tal que la vac	cunación significa un riesgo para su salud o in: Medical exemption to the follor La exención por razones médicas aplic	wing vaccine(s):	
Signed (Firma) Physician (Médico)	Date (Fecha)		a a lato) organomoto) raconato).	
RELIGIOUS EXEMPTION: Parent or guardian of EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o			a la inmunización. <i>lowing vaccine(s):</i>	
Signed (Firma)	Date (Fecha) nt 18 years and older e de 18 años v mayor)			
PERSONAL EXEMPTION: Parent or guardian of EXENCIÓN POR CREENCIAS PERSONALES: Las c	the above named person or the person hi		nen a la inmunización. Dwing vaccine(s):	
Signed (Firma)	Date (Fecha) nt 18 years and older e de 18 años y mayor)	Form Apprvd. 11/03	CDPHE-IMM CI-C RC14#2 Rev. 7/04	

Information Regarding MENINGOCOCCAL DISEASE

For all public or nonpublic postsecondary education institutions in Colorado, the state law requires that on and after July 2005, each incoming freshman student residing in student housing, as defined by the institution, or any student who the institution requires to complete and return a standard certificate indicating immunizations received by the student as a requirement for residing in student housing, be provided with the information below. If the student is under the age of 18 years, the student's parent or your dian must be provided with this information.

Meningococcal disease is a serious disease, caused by a bacteria.					
	Meningococcal disease is a contagious, but a largely preventable, infection of the symptorial fluid and the fluid that surrounds the brain. Meningococcal disease can also cause blood infection				
spite of treatment with antibiotics. Of those who live, another 10 percent lo	About 2,600 people get meningococcal disease each year in the United States; to 15 p, cent of these people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their an price legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizure strokes.				
Anyone can get meningococcal disease, but it is most common in infants le certain medical conditions. Scientific evidence suggests that college a modestly increased risk of contracting meningococcal disease					
Immunization against meningococcal disease decreases vaccine can prevent four types of meningococcal disease; the two States. Meningococcal vaccine cannot prevent all types of the might become sick if they do not get the vaccine.	o of the three most common in the United				
	A vaccine, like any medicine, is capable of causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.				
More information can be obtained from the Value formation Statement www.cdc.gov/nip/publications/VIS. Students their health care providers.					
To receive the immunization against meningococca ase, students should check whealth department (for a list of the local public health agencies in Colorado, go to www institution itself may offer the vaccine at special curries held at the beginning of the sch	.cdphe.state.co.us/as/locallist.asp). The				
On and after July 1, 2005, each institution ust require each new student who has not disease, or, if the new student is under age of 18 years, the student's parent or gua indicate that the signor has reviewed be information on meningococcal disease and havaccination against meningococcal disease.	ardian, to check a box and sign (see below) to				
Please check to indicate that you have reviewed the information on meningococcal disease and have decided the student will not obtain a vaccination against meningococcal disease					
Date:					
Signature (studen to pare aguardian, if student is under the age of 18 years):					
Please Privit Nymosyf Student:					
Date of Birth:					
Student ID/Social Security Number:					