



COLORADO CERTIFICATE OF IMMUNIZATION

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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

Table with columns for vaccine name, immunization date(s), and titer date. Rows include Hep B, DTaP, Tdap, Td, Hib, IPV/OPV, PCV, MMR, Measles, Mumps, Rubella, and Varicella.

Varicella - date of disease _____ Varicella - positive screen date _____

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

Recommended vaccines

Immunization date(s) MM/DD/YY

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

Table with columns for vaccine name and immunization date(s). Rows include HPV, Rota, MCV4/MPSV4, Men B, Hep A, Flu, and 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: _____