Colorado Vaccine Administration Record Sheet/CDPHE Approved Colorado Certificate of Immunization — For Children and Teens —

Clinic Name/Address:

Patient Name _____ **DOB** _____

Parent Name _____

Address _____ **City** _____

Zip Code _____ **Phone Number** _____

Vaccine	Vaccine Administered			Code VFC Eligibility[3] (Every Visit)	Vaccine		Vaccine Information Statements		Vaccine Administrator Signature/Title
	Type of Vaccine[1]	Date mm/dd/yy	Site[2]		Mfr.	Lot #	Date on VIS	Date VIS Provided	
Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)									
Diphtheria, Tetanus, Pertussis (e.g., DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, Td, Tdap)									
Haemophilus influenzae type b (e.g., Hib, Hib-HepB, DTaP-Hib)									
Polio (e.g., IPV, DTaP-HepB-IPV)									
Pneumococcal (e.g., PCV7 or PCV13 conjugate; PPV23, polysaccharide)									
Measles, Mumps, Rubella (MMR, MMRV)									
Varicella (Var, MMRV)									
☐ Check this box if this child has a physician-certified reliable history of chickenpox. Date box checked ____/____/____. A reliable history of chickenpox is defined as: 1) physician interpretation of parent/guardian description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.									
Human Papillomavirus (e.g., HPV)									
Rotavirus (e.g., Rota)									
Meningococcal (e.g., MCV4, conjugate; MPSV4, polysaccharide)									
Hepatitis A (e.g., HepA, HepA-HepB)									
Influenza (e.g., TIV, LAIV)									

[1]Record the generic abbreviation for the **type of vaccine** given (e.g. DTaP), not the trade name. For combination vaccines, fill in a row for each separate antigen in the combination.
[2]**Site:** RA = Right Arm; LA = Left Arm; RT = Right Thigh; LT = Left Thigh; PO = By Mouth
[3]**Record VFC screening at every visit using the following codes: VFM**=VFC Medicaid; **VFN**=VFC No Insurance; **VFA**=VFC Alaskan Native American Indian; **VFI**=VFC Under-Insured (to be used only by FQHCs and RHCs); **NE**=Not VFC Eligible

I have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the diseases and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that each of the vaccine(s) indicated by date on the front of this sheet be given to me or to the person named on this form for who I am authorized to make this request.

Parent/guardian signatures for the respective parent/guardian initials below:

1: _____ **2:** _____ **3:** _____ **4:** _____

Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials	Vaccination Date	Initials

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

DO NOT SIGN UNTIL ALL REQUIRED IMMUNIZATIONS HAVE BEEN ADMINISTERED

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.

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

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

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.

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

Signed (Firma) _____ Date (Fecha)_____ _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

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.

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

Signed (Firma) _____ Date (Fecha)_____ _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)

COMMENTS

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