Immunization Certificate of Medical Exemption

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Medical exemptions need to be filed only once unless the student’s information or school changes.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

Student Information:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
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Date of Birth: Sex: ☐ Female ☐ Male ☐ X

Parent/Guardian Completing This Form: ☐ Check if an emancipated student or student over 18 years old

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Middle Name:</th>
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<tbody>
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Relationship to student: ☐ Mother ☐ Father ☐ Legal Guardian

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:

School District: ☐ Check if Not Applicable

Address:

City: State: Zip Code: 

Required Vaccines for School Entry

Check each vaccine declined: List medical contraindication(s) for each vaccine declined:

☐ Hepatitis B

☐ Diphtheria, tetanus, pertussis (DTaP, Tdap)

☐ Haemophilus influenzae type b (Hib)

☐ Inactivated poliovirus (IPV)

☐ Pneumococcal conjugate (PCV13)

☐ Measles, mumps, rubella (MMR)

☐ Varicella (chickenpox)

Statement of Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

REQUId Signature: ___________________________ Date: _____________

Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

Under Colorado law, you have the option to exclude your child’s/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.

Last Reviewed December 2020