

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL

Colorado Alternative Certificate of Immunization for College Students
Approved 7/2002 by CDPHE

Student ID / Social Security Number _____

Student's Name _____ Date of Birth _____

Address _____ (City) _____ (State and Zip code) _____

Name of School and Address:

School Fax Number:

School Phone Number:

Immunization Requirements for College Students:
Two Doses of MEASLES, MUMPS and RUBELLA (MMR) vaccine.

Vaccine		Enter date each immunization was given			
<i>Measles</i>	<i>Measles</i>				• Please see MMR footnotes below.
<i>Mumps</i>	<i>Mumps</i>				Additional immunizations below are not required. List dates if available. ↓
<i>Rubella</i>	<i>Rubella</i>				
DTP/DTaP	Diphtheria-Tetanus-Pertussis				
Td/DT	Tetanus-Diphtheria				
OPV/IPV	Polio				
HBV	Hepatitis B				
Varicella	Chickenpox				
Meningococcal	Meningococcal				
Other					

- 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 must have been given **no earlier than 4 days before the first birthday**. The 2nd dose of measles, mumps, and rubella 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, 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 person named above has received the above immunizations

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

Statement of Exemption to Immunization Law

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.

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.

Signed _____ Date _____
(Physician)

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.

Signed _____ Date _____
(Parent, guardian, emancipated student or student 18 years and older)

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.

Signed _____ Date _____
(Parent, guardian, emancipated student or student 18 years and older)