

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



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

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease		Varicella - positive screen date	
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\*A positive laboratory titer report must be provided to the school to document immunity.

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

## Recommended Vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
COVID-19							
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: \_\_\_\_\_