

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

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: _____

Church of the Brethren Western Plains District
Camper's Health Form

Physicals must be completed within 12 months of camp and submitted to the Camp Director 2 weeks prior to camp session. Sports physicals are acceptable IF the information provided mirrors what is asked on Part I. Immunization information is required. *Part II of this form will still need to be completed.*

Part I – For physician or nurse practitioner to complete and sign

Note: This child is planning to attend a week-long resident camp away from his/her home and some distance from care. The camp will have a health supervisor who has at least completed an advanced first aid course. Your response to all these questions will help care for the child. Use the back of this form to record additional information.

Camper name: _____ Birth date: _____

Past history of serious lacerations, injuries, or illnesses: _____

Current conditions: _____

Allergies / Reactions

To drugs (Penicillin, etc): _____

To food: _____

Special dietary requirements: _____

Other allergies: _____

Attach an official certificate of immunization.

I have examined this camper and found him/her to be in satisfactory physical condition and capable of active participation in a regular camping program EXCEPT as follows:

Signature of physician/nurse practitioner: _____ **Date:** _____

Printed name of physician/nurse practitioner: _____

Address: _____ Phone: _____

(See next page for Part II – Medication Administration)

Part II – Medication Administration

Camper name: _____ Birth date: _____

Over-the-Counter Medications	Dosage Instructions

Over-the-counter medications NOT permitted for this camper: _____

Parent Signature: _____ Date: _____

Prescription Medications	Dosage Instructions

Name of physician/nurse practitioner verifying prescribed medications: _____

Signature: _____ Date: _____

Prescription medications brought to camp must be in original bottle with directions and camper’s name on it. Children with asthma are required to bring their inhaler, also properly labeled.