COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization



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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

tudent Name: Date					e of birth:		
arent/guardian:(if student is under 18 year	rs of age and not emancip	ated)					
Required Vaccines	Immunization date(s) MM/DD/YY					Titer Date*	
epB Hepatitis B		1		i i			
FaP Diphtheria, Tetanus, Pertussis (pediatric)†							
lap Tetanus, Diphtheria, Pertussis†							
1 Tetanus, Diphtheria							
b Haemophilus influenzae type b	:		· · · · · · · · · · · · · · · · · · ·				
//OPV Polio					-; ;		
V Pneumococcal Conjugate				· · · · · · · · · · · · · · · · · · ·			
AR Measles, Mumps, Rubella ‡							
easles							
umps					-; ;		
ıbella					-,		
ricella Chickenpox							
ricella - date of disease	Valicella - positive screen				shaded area under "Titer Date" indicates that a titer cceptable proof of immunity for this vaccine.		
ecommended Vaccines W Human Papillomavirus	illillullization date(s) N	W/ DD/ 11			1		
				; ; ;		; !	
⁷ Rotavirus							
V4 Meningococcal				-		: :	
nB Meningococcal			, , , , , , , , , , , , , , , , , , ,				
pA Hepatitis A				-	: 	: :	
ı Influenza							
OVID-19					1 1 1 1		
her			1		1		
Health care provider printed name/signature:						Date:	
tudent is current on required immunizat nmunization record transcribed/review			No				
School health authority signature or stamp:					Date:		
Optional) I authorize my/my student's solorado Immunization Information Syste				h state/local p	ublic health age	ncies and th	
arent/Guardian/Student (emancipated				г)ate:		
arene, oddraidin stadent (emancipated				Date:			