

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.

Student Name*

Date of Birth*

Parent/guardian:(if student is under 18 years of age and not emancipated)*

Required Vaccines

Immunization date(s)*

DD-MM-YYYY



Titer Date**

DD-MM-YYYY



HepB Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric) †							
Tdap Tetanus, Diphtheria, Pertussis †							
Td Tetanus, Diphtheria							
Hib Haemophilus influenzae 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:			*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

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Recommended Vaccines

Immunization date(s)*

DD-MM-YYYY



HPV Human Papillomavirus							
RV Rotavirus							
MCV4 Meningococcal							
MenB Meningococcal							
HepA Hepatitis A							
Flu Influenza							
COVID-19							
Other							

Health care provider printed name/signature:

Date:

DD-MM-YYYY




Drag your file(s) or [browse](#)

Student is current on required immunizations for age:

Yes

No

School health authority signature or stamp:

Date:

DD-MM-YYYY




Drag your file(s) or [browse](#)


(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:

DD-MM-YYYY




Drag your file(s) or [browse](#)