

# COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization



**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 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](http://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) MM/DD/YY

Titer Date\*  
MM/DD/YY

HepB 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						

\*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.

## Recommended Vaccines

Immunization date(s) MM/DD/YY

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

Health care provider printed name/signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one): OR Yes No

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: \_\_\_\_\_