

**CERTIFICATE OF IMMUNIZATION**

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



Colorado law requires this form to be completed by a school health authority or health care provider for each immunized student attending Colorado schools.

6 CCR 1009-2 The Infant Immunization Program and Immunization of Students Attending School: Schools shall have on file an official immunization record for every student enrolled.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

**Required vaccines**

Each immunization date MM/DD/YY

Titer date

Hep B Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (pediatric)								
DT Diphtheria, Tetanus (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	

**Recommended vaccines**

Each immunization date MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Optional review signature by the school health authority or health care provider

I have reviewed this immunization record

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Optional) TO BE COMPLETED BY PARENT/GUARDIAN/ADULT STUDENT**

I authorize my/my student's school to share my/my student's immunization records with state/local public health and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_