Immunization Medical Exemption Form

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of disease and the circumstances of the outbreak.

Please complete all required fields below. Incomplete forms will not be accepted.

Student Information:

Last Name: First Name: (optional) Middle Name: Gender: □ Female □ Male Date of Birth: Address:

City: State: Zip Code:

Email Address: County: Phone Number: □ Home □ Cell

Parent/Guardian Completing This Form: □ Check if an emancipated student or student over 18 years old

Last Name: First Name: (optional) Middle Name:

Relationship to student: □ Mother □ Father □ Guardian

Address:

City: State: Zip Code:

Email Address: County: Phone Number: □ Home □ Cell

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:

School District: □ Check if Not Applicable

Address:

City: State: Zip Code:

Phone Number: Grade of Student:

Required Vaccines for Entering School: (Check each vaccine declined)

□ Hepatitis B
□ Diphtheria, tetanus, pertussis (DTaP, Tdap)
□ Haemophilus influenzae type b (Hib)
□ Inactivated poliovirus (IPV)
□ Pneumococcal conjugate (PCV13)
□ Measles-mumps-rubella (MMR)
□ Varicella (chickenpox)

List medical contraindication(s) for each vaccine declined

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Signature: ___________________________ Date: ________________

Physician (MD, DO), Advanced Practice Nurse (APN), or delegated Physician Assistant (PA)

Under Colorado law, you have the option to exclude your child’s/your information from CIIS. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.