Colorado Springs School District 11 Board of Education Policy JLCB-E-1, Exhibit to Policy JLCB, Immunization of Students Revised May 25, 2016

Certificate of Immunization for Electronic Records
You may type in the boxes and print using the free Adobe Acrobat Reader.

COLORAD		COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS
Name Parent/Guar	dian	
COLORAD	OO DEPARTMENT OF PUBLIC HEA	LTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION
	Vaccine	Enter the month, day and year each immunization was given
Нер В	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	Measles	
Mumps	Mumps	
Rubella	Rubella	
Varicella	Chickenpox	Healthcare Provider Documentation Date Lab Verification Date
	Vaccines recorded below this li	ne are recommended. Recording of dates is encouraged.
HPV	Human Papillomavirus	
Rota	Rotavirus	
MCV4/MPSV4	Meningococcal	
Нер А	Hepatitis A	
TIV/LAIV	Influenza	
Other		
	THIS SECTION CAN BE COMPLETE	BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER
☐ A) Child C	are Up to Date ough 6 months of age for Colorado School Immunization Requirem	
☐ B) Child C	are Up to Date ough 18 months of age for Colorado School Immunization Requirem	
C) Child C	are/Pre-school/Pre-K*	
□ D) Comple	Child Care/Pre-School/Pre-K for Colorado School Immunization Re te for K-5th Grade K-5th Grade for Colorado School Immunization Requirements	
	K-5th Grade for Colorado School Immunization Requirements d fulfills Requirements for Pre-School & Kindergarten, check BOTH	Update Signature Date Boxes C and D.
244	MET ALL IMMUNICATION DECLINES	ENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

(Physician, nurse, or school health authority)

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Date

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Name	Date of Birth
Parent/Guardian	
	STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)
IN THE EVENT OF AN	OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
I SE PRESENTA UN BROTE D	E LA ENFERMEDAD, ES POSIBLE QUE À LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA
MEDICAL EXEMPTION contraindicated due to other	: The physical condition of the above named person is such that immunization would endanger life or health or is medically r medical conditions.
EXENCIÓN POR RAZO incluso su vida; o bien, la	NES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud s vacunas están contraindicadas debido a otros problemas de salud.
Medical exemption to the	e following vaccine(s):
La exención por razones m	édicas aplica a la(s) siguiente(s) vacuna(s):
☐ Hep B ☐ DTaP ☐ Tdap [] HIB IPV PCV MMR VAR
igned (Firma)	Physician (Médico)
	Physician (Médico)
RELIGIOUS EXEMPTION Immunizations.	N: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed
EXENCIÓN POR MOTIV pone a la inmunización.	/OS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se
Religious exemption to	he following vaccine(s):
Exención por motivos religi	psos de la(s) siguiente(s) vacuna(s):
□ Hep B □ DTaP □ Tdap [HIB DIPV DPCV DMMR DVAR
igned (Firma)	Date (Fecha)
*	Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)
ERSONAL EXEMPTIO	N: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed
XENCIÓN POR CREE	NCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se
oonen a la inmunización.	, and a paragraphic state of the paragraphic s

Date (Fecha)

Exención por creencias personales de la(s) siguiente(s) vacuna(s):

Hep B DTaP Tdap Hib DIPV PCV MMR VAR

Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)

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Revised May 25, 2016

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015. (FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE (FIGURE 2)).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2-3 yrs	4-6 yrs	7-10 yrs	11-12 yrs	13–15 yrs	16–18 yr
Hepatitis B ¹ (HepB)	1ª dose	2~	dose>	では	◀	1 16.70	3™ dose		>	学 创	問題	经验分	NAME OF THE PARTY		T. Falls	
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)			1ª dose	2 rd dose	See footnote 2											
Diphtheria, tetanus, & acellular pertussis ¹ (DTaP: <7 yrs)			1ª dose	2 rd dose	3 rd dose	经数数	海網	← —4 th	dose>			5th dose				
Tetanus, diphtheria, & acellular pertussis¹ (Tdap: ≥7 yrs)													自由	(Tdap)		蒙 里的
Haemophilus influenzae type b [‡] (Hib)			1"dose	2 rd dose	See footnote 5	345	3rd or 4 See foo	otnote 5	為影		がある。					
Pneumococcal conjugate ⁴ (PCV13)			1ª dose	2 rd dose	3rd dose	模型	← 4 th	dose>	\$75	4.公路		E Cons		10		能大 翻大
Pneumococcal polysaccharide ⁶ (PPSV23)												MIT.		等海	計劃	34.00
Inactivated poliovirus ⁷ (IPV: <18 yrs)			1"dose	2 rd dose	-	15 (15 (15 (15) 15 (15)	3 rd dose :-		•	が記れ	以經濟	4ª dose	列等		河南	
Influenza ⁴ (IIV; LAIV) 2 doses for some: See footnote 8						Annual	vaccination ((IIV only) 1 or	2 doses		Annual vaccination (LAIV or IIV) 1 or 2 doses			Annual vaccination (LAIV or IIV) 1 dose only		
Measles, mumps, rubella ^p (MMR)				See foo	otnote 9	← 1°0	dose>	4000	2.43	Sac.	2 nd dose	製物		SERVE STATE		
Varicella ¹⁰ (VAR)			45.				4 10	dose				2 [™] dose				
Hepatitis A'' (HepA)			2-dose series, See footnot					11			開発を整					
Human papillomavirus ¹² (HPV2: females only; HPV4: males and females)					4			454						(3-dose series)	W.	
Meningococcal ¹ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥9 mos; MenACWY-CRM ≥ 2 mos)				See footnote 13										1" dose	100	Booster

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at http://www.cdc.gov/vaccines/hcp/acip-recs/index.html. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (http://www.vaers.hhs.gov) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm) or by telephone (800-CDC-INFO (800-232-4636)).

This schedule is approved by the Advisory Committee on Immunization Practices (http://www.cdc.gov/vaccines/acip), the American Academy of Pediatrics (http://www.aap.org), the American Academy of Family Physicians (http://www.aap.org), and the American College of Obstetricians and Gynecologists (http://www.acog.org).

TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR SELECTED IMMUNIZATIONS FOR GRADES K TO 12

Refer to Table 1 for the minimum number of doses required for a particular grade level. Table 2 shows the year of implementation for a requirement from Table 1 and is restricted to varicella vaccine dose 1 (Var1) and dose 2 (Var2) and tetanus, diphtheria, and pertussis vaccine (Tdap). Requirements and effective dates for other vaccines are listed in Table 1. In this table, after a vaccine is required for grades K to 12, it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level													
	ĸ	1	2	3	4	5	6	7	8	9	10	11	12	
2007-08	Var2	Var1	Var1	Var1	Var1	Var1	Tdap Var1	Var1			Tdap			
2008-09	Var2	Var2	Var1	Var1	Var1	Var1	Tdap Var1	Tdap Var1	Var1		Tdap	Tdap		
2009–10	Var2	Var2	Var2	Vari	Ver1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Var1	Tdep	Tdap	Tdap	
2010–11	Var2	Var2	Var2	Var2	Var1	Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap Var1	Tdap	Tdap	
2011–12	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Var1	Var1	Var1		
2012-13 (Var1 required for grades K to 12)	Ver2	Var2	Var2	Var2	Var2	Var2	Var1	Var1	Var1	Var1	Vari	VarI	Vari	
2013–14	Var2	Var2	Var2	Var2	Var2	Var2	Var2							7
2014-15	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2						7
2015-16	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2					7
2016–17	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	7,00		Г	
2017-18	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2			Page 3
2018–19	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2		
2019-20 (Var2 required for grades K to 12)	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	Var2	