



# Notice of Immunization Requirement

## Required Immunization(s) for School or Child Care

**Note to Health Care Provider:** Colorado Statute 6 CCR 1009-2 mandates the establishment of school required immunizations through the authority of the Colorado Board of Health as a requirement for student attendance in Colorado schools. The "required" school immunization schedule includes the vaccines listed in this document and follows the Advisory Committee on Immunization Practices (ACIP) schedule. It is important that health care providers follow the age and interval requirements for ACIP to include the 4 day grace period for age and intervals. For example, an MMR given more than 4 days before the 1st birthday is an invalid dose and will need to be repeated in order for schools to accept that vaccine. Please contact the Colorado Immunization Branch at 303-692-2700 if you have questions about the school required immunization requirements. Thank you.

To the parent/guardian of: \_\_\_\_\_

Your child listed above either does not have an immunization record or does not have an up-to-date Certificate of Immunization on file. Please submit your student's updated immunization record before his/her \_\_\_\_\_ birthday or by the following date: \_\_\_\_\_. The Colorado School Immunization Law was created to protect students against vaccine preventable diseases in the school. If the student's record is not provided as requested above, the child may be excluded from school according to Colorado School Immunization law.

Our records show that the following shot(s) is/are needed to update your student's immunization record. Please contact your student's health care provider or your local health department in your county to obtain the appropriate immunizations for your student's age.

\_\_\_\_\_DTaP  
 (Diphtheria/Tetanus/Pertussis)

\_\_\_\_\_Polio

\_\_\_\_\_PCV13  
 (Pneumococcal Conjugate)

\_\_\_\_\_Td  
 (Tetanus/Diphtheria)

\_\_\_\_\_MMR  
 (Measles, Mumps, Rubella)

\_\_\_\_\_Hepatitis B

\_\_\_\_\_Hib  
 (*Haemophilus influenzae* type b)

\_\_\_\_\_Varicella \*  
 (Chickenpox)

\_\_\_\_\_Tdap  
 (Tetanus/Diphtheria/Pertussis)

\*If a child has had Chickenpox disease it must be documented by a health care provider and can include a disease history screening by a public health nurse or a school nurse.

If the child had this/these shot(s) already, please make sure we receive an up-to-date immunization record. If the child **needs** (an) immunization(s), please make an appointment with a healthcare provider as soon as possible - and tell us the appointment date and time as well as the name and phone number of the clinic. **If you have no insurance, call 1-800-688-7777 and ask for the local health agency nearest your home.**

**Please note:** If an immunization is against your **religious beliefs**, you must sign a religious exemption. If your child cannot receive an immunization for **medical reasons**, a physician must sign a medical exemption. If you have **personal beliefs** opposed to an immunization, you must sign a personal exemption. Exemption forms can be found on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization.

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

School or Child Care Center \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_