Notice of Immunization Requirement
Required Immunization(s) for School/Child Care

Note to Health Care Provider: Colorado Statute 6 CCR 1009-2 mandates the establishment of school required vaccines through the authority of the Colorado Board of Health as a requirement for student attendance at Colorado Schools. The “required” schedule closely follows the ACIP/AAP recommended schedule. Please contact the Colorado Immunization Section at 303-692-2650 if you have questions about the school required vaccine requirements. Thank you.

To the parent/guardian of: _______________________________________

The child listed above either does not have an immunization record or does not have an up-to-date Certificate of Immunization on file. If a record for the immunization(s) marked below is not returned to us by __________, the child may be excluded from school according to the Colorado Immunization law.

Our records show that the following shot(s) is/are needed based on your child’s grade level:
(please contact your health care provider or local health department at _____________ to obtain required immunizations)

- _____ 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: ___________________________