

# GENERAL HEALTH APPRAISAL FORM

**PARENT please complete AND SIGN**

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Allergies:**  None or Describe \_\_\_\_\_  
Type of Reaction \_\_\_\_\_

**Diet:**  Breast Fed  Formula \_\_\_\_\_  Age Appropriate

Special Diet \_\_\_\_\_

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.

I, \_\_\_\_\_ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: \_\_\_\_\_ DATE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**HEALTH CARE PROVIDER: Please Complete After Parent Section Completed**

**Date of Last Health Appraisal:** \_\_\_\_\_ **Weight @ Exam:** \_\_\_\_\_

**Physical Exam:**  Normal  Abnormal (Specify any physical abnormalities) \_\_\_\_\_

**Allergies:**  None or Describe \_\_\_\_\_ Type of Reaction \_\_\_\_\_

**Significant Health Concerns:**  Severe Allergies  Reactive Airway Disease  Asthma  Seizures  Diabetes  Hospitalizations  
 Developmental Delays  Behavior Concerns  Vision  Hearing  Dental  Nutrition  Other \_\_\_\_\_

Explain above concern (if necessary, include instructions to care providers): \_\_\_\_\_

**Current Medications/Special Diet:**  None or Describe \_\_\_\_\_

Separate medication authorization form is required for medications given in school, child care or camp

**For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT**

Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**OR**  Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose \_\_\_\_\_ or see the attached age-appropriate dosage schedule from our office

**Immunizations:**  Up-to-Date  See attached immunization record  Administered today: \_\_\_\_\_

**Health Care Provider: Complete if Appropriate**

**\*\*ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE\*\***

**\*\* Height @ Exam \_\_\_\_\_ \*\* B/P \_\_\_\_\_ \*\*Head Circumference (up to 12 months) \_\_\_\_\_ \*\***

**\*\* HCT/HGB \_\_\_\_\_ \*\* Lead Level  Not at risk or Level \_\_\_\_\_**

**\*\*TB  Not at risk or Test Results  Normal  Abnormal**

**\*\*Screenings Performed:  Vision:  Normal  Abnormal  Hearing:  Normal  Abnormal  Dental:  Normal  Abnormal-**

**Recommended Follow-up \_\_\_\_\_**

**Provider Signature**

Next Well Visit:  Per AAP guidelines\* or  Age \_\_\_\_\_

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

\_\_\_\_\_

Signature of Health Care Provider (certifying form was reviewed) Date: \_\_\_\_\_

**Office Stamp**

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

\*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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Dear parents/guardians of students in Colorado child cares, preschools, and Head Start programs for the 2022-23 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for child care and school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick and interfere with in-person learning. We wish you and your student a healthy school year!

### Required and recommended vaccines

- Colorado law requires students who attend a licensed child care, preschool, or Head Start program to be vaccinated against many of the diseases that vaccines can prevent, unless a *Certificate of Exemption* is filed. For more information, visit [cdphe.colorado.gov/schoolrequiredvaccines](https://cdphe.colorado.gov/schoolrequiredvaccines). Your student must be vaccinated against:
  - o Diphtheria, tetanus and pertussis (DTaP, DTP).
  - o Haemophilus influenzae type b (Hib).
  - o Hepatitis B (Hep B).
  - o Measles, mumps, and rubella (MMR).
  - o Polio (IPV).
  - o Pneumococcal disease (PCV13).
  - o Varicella (chickenpox).
- Colorado follows recommendations set by CDC's Advisory Committee on Immunization Practices. You can view the recommended vaccine schedule for children 0-6 years of age at <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>.
- Vaccines are recommended for rotavirus, hepatitis A, and influenza but are not required for child care or school entry.

### Exclusion from child care and school

- Your student may be excluded from school if your child care or school does not have an up-to-date *Certificate of Immunization*, *Certificate of Exemption*, or in-process plan on file for your student. • If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

### Have questions?

Talk with a health care provider licensed to give vaccines or your local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at <https://www.cdc.gov/vaccines/parents/FAQs.html>, <https://childvaccineco.org/>, [ImmunizeForGood.com](https://immunizeforgood.com), and [cdphe.colorado.gov/immunization-education](https://cdphe.colorado.gov/immunization-education).

### Paying for vaccinations

If you need help finding free or low-cost vaccines and providers who give them, go to [COVax4Kids.org](https://COVax4Kids.org), contact your LPHA, or call the Mile High Family Health Line at 303-692-2229 or 1-800-688-7777 to ask about Medicaid contact information. You can find your LPHA at [cdphe.colorado.gov/find-your-local-public-health-agency](https://cdphe.colorado.gov/find-your-local-public-health-agency).

### Vaccination records

- Please take your student's updated *Certificate of Immunization* to school every time they receive a vaccine. • Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System (CIIS). Visit [COVaxRecords.org](https://COVaxRecords.org) for more information, including directions for how to use the CIIS Public Portal to view and print your student's vaccine record.

### Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit a *Certificate of Medical Exemption* to your school, signed by a health care provider licensed to give vaccines. You only need to

submit this certificate once, unless your student’s information or school changes. You can get the certificate at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions).

- If you choose not to have your student vaccinated according to the current recommended schedule, you must submit a *Certificate of Nonmedical Exemption* to your school. Nonmedical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months, and 18 months. These recommendations expire when the next vaccines are due or when the child enrolls in kindergarten. There are two ways to file a nonmedical exemption.

- File the *Certificate of Nonmedical Exemption* WITH a signature from an immunizing provider, OR
- File the *Certificate of Nonmedical Exemption* received upon the completion of our online education module.

Downloadable certificates and our online education module are available at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions).

### How’s your child care or school doing on vaccinations?

Some parents, especially those with students who have weakened immune systems, may want to know which child cares, preschools, and Head Start programs have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in §25-4-911, CRS. Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at [COVaxRates.org](http://COVaxRates.org).

Child Care/Preschool/Head Start Name	2020-2021 MMR Immunization Rate REQUIRED IN LETTER	2020-2021 MMR Exemption Rate REQUIRED IN LETTER
FUMC Preschool	95.45	2.48
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines	2020-2021 DTaP Immunization Rate	2020-2021 DTaP Exemption Rate
	95.34	2.39
	2020-2021 Hib Immunization Rate	2020-2021 Hib Exemption Rate
	91.63	2.54
	2020-2021 HepB Immunization Rate	2020-2021 HepB Exemption Rate
	95.35	2.54
	2020-2021 IPV Immunization Rate	2020-2021 IPV Exemption Rate
	95.11	2.54
	2020-2021 PCV13 Immunization Rate	2020-2021 PCV13 Exemption Rate
	95.34	2.39
	2020-2021 Varicella Immunization Rate	2020-2021 Varicella Exemption Rate
94.75	2.81	

# COLORADO CERTIFICATE OF IMMUNIZATION

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



**COLORADO**

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

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

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

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

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*  
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> 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	
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\*A positive laboratory titer report must be provided to the school to document immunity.

\*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

Immunization date(s) MM/DD/YY

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

Health care provider signature or stamp: \_\_\_\_\_

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

Student is current on required immunizations for age (circle one):    Yes    No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_

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

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

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 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 12<sup>th</sup> 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: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Address:		
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Address:		
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

## School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:
Phone Number:	Grade of Student:	

Required Vaccines for Entering School: (Check each vaccine declined)	List medical contraindication(s) for each vaccine declined
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13)	
<input type="checkbox"/> Measles-mumps-rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

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](http://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.



# Immunization

## Non-Medical Exemption Form (Religious and Personal Belief)

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children's lives every year. The Colorado Department of Public Health and Environment strongly supports vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all children, the benefits of preventing disease with a vaccine far outweigh the risks. Declining to follow the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) immunization schedule for number, space and timing of doses, may endanger an unvaccinated child's health and others who come into contact with him/her. Some vaccine-preventable diseases are common in other countries and unvaccinated children could easily get one of these diseases while traveling or from a traveler.

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 12<sup>th</sup> 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, and Head Start programs. Prior to kindergarten, a non-medical exemption must be filed each time a student is due for vaccines according to the schedule developed by the ACIP.<sup>1,2</sup> **From kindergarten through 12<sup>th</sup> grade, a non-medical exemption must be filed every year during the student's school enrollment/registration process.**<sup>1</sup> 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 the disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Type of Non-Medical Exemption Claimed:       Personal Belief                       Religious

### Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> 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: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

### School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:
Phone Number:	Grade of Student:	

<sup>1</sup> Colorado Board of Health rule 6 CCR 1009-2: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7698&fileName=6%20CCR%201009-2>.

<sup>2</sup> 2018 Recommended Immunizations from Birth through 6 Years Old: [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf). Based on this schedule, a non-medical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

## Vaccine Preventable Disease Information

The information provided below is to ensure parents/guardians/students are informed about the risks of not vaccinating.

**Diphtheria, tetanus, pertussis (DTaP, Tdap)** - Unvaccinated children may be at increased risk of developing diphtheria, tetanus and/or pertussis if exposed to these diseases. Serious symptoms and effects of diphtheria include heart failure, paralysis, breathing problems, coma, and death. Serious symptoms and effects of tetanus include "locking" of the jaw, difficulty swallowing and breathing, seizures, painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis (whooping cough) include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

**Haemophilus influenzae type b (Hib)** - Unvaccinated children may be at increased risk of developing invasive Hib disease if exposed to this disease. Serious symptoms and effects include bacterial meningitis, pneumonia, severe swelling in the throat, brain damage, deafness, infections of the blood, joints, bones, and covering of the heart, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.pdf>

**Hepatitis B** - Unvaccinated children may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects include jaundice, life-long liver problems such as liver damage, scarring, liver cancer, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>

**Inactivated poliovirus (IPV)** - Unvaccinated children may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects include paralysis of muscles that control breathing, meningitis, permanent disability, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

**Measles, mumps, rubella (MMR)** - Unvaccinated children may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include pneumonia, seizures, brain damage, and death. Serious symptoms and effects of mumps include meningitis, painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a pregnant woman gets rubella, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

**Pneumococcal conjugate (PCV13)** - Unvaccinated children may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects include pneumonia, lung infections, blood infections, meningitis and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf>.

**Varicella (chickenpox)** - Unvaccinated children may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects include severe skin infections, pneumonia, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

**Required Vaccines for School Entry** - Place an "X" next to each vaccine you are declining.

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

## Statement of Exemption

I am the parent/guardian of the above-named student or am the student himself/herself (emancipated or over 18 years of age) and am declining the vaccine(s) indicated above due to a religious or personal belief that is opposed to vaccines. The information I have provided on this form is complete and accurate.

- I may change my mind at any time and accept vaccination(s) for my child/myself in the future.
- I can review evidence-based vaccine information at [www.colorado.gov/cdphe/immunization-education](http://www.colorado.gov/cdphe/immunization-education), or [www.ImmunizeforGood.com](http://www.ImmunizeforGood.com) for additional information on the benefits and risks of vaccines and the diseases they prevent.
- I can contact the Colorado Immunization Information System (CIIS) at [www.ColoradollS.com](http://www.ColoradollS.com) or my health care provider to locate my child's/my immunization record.<sup>3</sup>

*I acknowledge that I have read this document in its entirety.*

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>3</sup> Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to [www.colorado.gov/cdphe/ciis-opt-out-procedures](http://www.colorado.gov/cdphe/ciis-opt-out-procedures). Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.