



Child Care/Preschool/Head Start-required Immunizations for the 2019-20 School Year

Dear parents and guardians of students in Colorado child cares, preschools and Head Start programs:

- Colorado law requires students who attend a licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DTP)
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - haemophilus influenzae type b (Hib)
 - pneumococcal (PCV)
 - varicella (chickenpox)
- Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.
- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view a parent-friendly version of the current ACIP vaccine schedule for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You only need to submit this form once, unless your student's information or school changes. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to have your student vaccinated according to the current ACIP schedule for personal belief or religious reasons, you must submit a non-medical exemption to your school. Non-medical exemptions must be submitted at ages 2 months, 4 months, 6 months, 12 months and 18 months. Multiple options are available at www.colorado.gov/vaccineexemption.
- 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 percentage of vaccinated children. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Immunization and exemption rates can be found at www.colorado.gov/pacific/cdphe/school-and-child-care-immunization-data.
- You may want to talk to a health care provider licensed to give vaccines or a 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 www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a health care provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's health care provider as it provides helpful information about vaccines required for school entry, per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us



Dear Colorado health care provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) requires students who attend a public, private or parochial K - 12 school, licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Students must be vaccinated against:

- diphtheria, tetanus and pertussis (DTaP, DTP, Tdap)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- haemophilus influenzae type b (Hib)
- pneumococcal (PCV13)
- varicella (chickenpox)

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the **minimum age and minimum intervals** as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 years of age at www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements, per the ACIP schedule. There are three ways a student can meet the compliance requirements established by Colorado law:

- 1) A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is under 11 years of age.
- 2) A student is in the process of becoming up-to-date on required vaccines and has a written plan from the parent/guardian on file with the school.
- 3) The student's health care provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician assistant) has signed an official *Immunization Medical Exemption Form* because of a condition that precludes the student from receiving vaccine(s), or the student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a signed non-medical exemption (religious or personal belief).

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Entry Immunization Law, please contact us at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us at 303-692-2437 (press 2), 1-888-611-9918 (press 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations - www.cdc.gov/vaccines/default.htm
- CDC's 13th edition (2015) of the *Epidemiology & Prevention of Vaccine-Preventable Diseases* - www.cdc.gov/vaccines/pubs/pinkbook/index.html or the 13th edition supplement (2017) - www.cdc.gov/vaccines/pubs/pinkbook/supplement.html.
- The Immunization Action Coalition: Ask the Experts - www.immunize.org/askexperts/
- CDC Experts at the National Immunization Program - nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us

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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COLORADO CERTIFICATE OF IMMUNIZATION

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 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

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

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 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: <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. 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 advice of a health care provider, or public health official who has recommended vaccines 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 official exemption form is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Prior to kindergarten, an official non-medical exemption form must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices.^{1,2} From kindergarten through 12th grade, an official non-medical exemption form must be filed every year during the student's school enrollment/registration process¹. **Students with an exemption may be kept out of child care or school during a disease 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: <input type="checkbox"/> Personal Belief <input type="checkbox"/> 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: CO	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: CO	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: CO	Zip Code:
Phone Number:	Grade of Student:	

¹ Colorado Board of Health rule 6 CCR 1009-2: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=6437&fileName=6%20CCR%201009-2>.

² 2016 Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf. Based on this schedule, a non-medical exemption form 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, permanent neurologic damage including blindness, deafness, and mental retardation, 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) or polysaccharide (PPSV23) - 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> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.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.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

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, or 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.ColoradoIIS.com or my health care provider to locate my child's/my immunization record.³

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

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

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: _____

³ 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. Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.