



# Notice of Exclusion

## Immunization Record Needed for School or Child Care Attendance

**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 does not have an up-to-date Certificate of Immunization on file and cannot attend this school/child care until a completed immunization record is received (according to Colorado law). The exclusion date will be enforced on: \_\_\_\_\_. Please contact your health care provider or local county health department at: \_\_\_\_\_ to obtain the required immunization(s).

The following shot(s) is/are needed:

- |  |  |
|--|--|
| <input type="checkbox"/> DTaP (Diphtheria/Tetanus/Pertussis) | <input type="checkbox"/> Hib ( <i>Haemophilus influenzae</i> type b) |
| <input type="checkbox"/> Tdap (Tetanus/Diphtheria/Pertussis) | <input type="checkbox"/> PCV13 (Pneumococcal Conjugate)              |
| <input type="checkbox"/> Td (Tetanus/Diphtheria)             | <input type="checkbox"/> Hepatitis B                                 |
| <input type="checkbox"/> Polio                               | <input type="checkbox"/> Varicella * (Chickenpox)                    |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella)       |  |

\* All reporting of Chickenpox disease must be documented by a health care provider (physician or RN).

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

Method of Notification:  Phone  Mail  In Person

If this box is marked, more than one dose of an immunization noted above is needed and the plan below must be completed by a health care provider. It must also be signed by you and returned by the due date above. As shots are received, submit the record. This plan will be in process until the Certificate of Immunization is completed.

Vaccine	Health Care Provider		Due to Be Received				
	If you need a referral to a health care provider, call 1-800-688-7777		Schedule must follow medically recommended intervals consistent w/ ACIP, AAP, or the vaccine manufacturer's package insert.				
DTaP	Name:	Phone:	Date:	Date:	Date:	Date:	Date:
Tdap	Name:	Phone:	Date:				
Td	Name:	Phone:	Date:	Date:	Date:	Date:	
Polio	Name:	Phone:	Date:	Date:	Date:	Date:	
MMR	Name:	Phone:	Date:			Date:	
Hib	Name:	Phone:	Date:	Date:	Date:		
PCV13	Name:	Phone:	Date:	Date:	Date:	Date:	
Hepatitis B	Name:	Phone:	Date:	Date:	Date:		
Varicella	Name:	Phone:	Date:			Date:	

I agree to the above plan for receiving the required shots, submitting the records, and completing the Certificate of Immunization.

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

Parent/guardian of the child or emancipated child listed above



Colorado Department of Public Health and Environment

# 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: \_\_\_\_\_