



Immunization

Certificate of Medical Exemption

cdphe.colorado.gov/immunization

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, and Head Start programs.¹ The Certificate of Medical Exemption must be submitted once unless the student's information or school changes. Students with an immunization exemption on file 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.

Complete all required fields as indicated by an asterisk* below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows for us to process this exemption in a more expedited manner and to contact you should questions arise.

Student Information:

*Last Name:	*First Name:	Middle Name:
*Date of Birth:	Email:	*Sex: ☐ Female ☐ Male ☐ X

Parent/Guardian Completing This Form: ☐ Check if an emancipated student or student over 18 years old

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to cdphe.ciis@state.co.us.

*Last Name:	*First Name:	Middle Name:
Relationship to student: ☐ Mother ☐ Father ☐ Legal Guardian		

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:		
School District:	☐ Check if Not Applicable	
*Address:		
*City:	*State:	*Zip Code:

Required Vaccines for School Entry

*Check each vaccine declined:	List medical contraindication(s) [†] for each vaccine declined:
☐ Hepatitis B (HepB)	
☐ Diphtheria, tetanus, pertussis (DTaP, Tdap)	
☐ Haemophilus influenzae type b (Hib)	
☐ Inactivated poliovirus (IPV)	
☐ Pneumococcal conjugate (PCV)	
☐ Measles, mumps, rubella (MMR)	
☐ Varicella (chickenpox)	

[†]Refer to the ACIP *General Best Practices Guidelines for Immunization: Guide to Contraindication and Precautions* for a list of acceptable contraindications and precautions: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>.

Statement of Medical Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

*REQUIRED Print name, title, signature: _____ *Date: _____

Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

*REQUIRED: _____ *REQUIRED: Professional License Number: _____
(State/Territory)

DO NOT use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), and rotavirus (RV).

¹ Colorado Board of Health Rule 6 CCR 1009-2: <https://cdphe.colorado.gov/schoolrequiredvaccine>

Under Colorado law, you have the option to exclude your child's/your information from the Colorado Immunization Information System (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.