



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 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. 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.^{1,2} From kindergarten through 12th grade, a non-medical exemption must be filed every year during the student's school enrollment/registration process.¹ 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:	

¹ 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>.

² 2018 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 would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

Pursuant to Colorado Law (<https://www.colorado.gov/pacific/cdphe/vaccine-exemptions>) Colorado Board of Health rule 6 CCR 1009-2), one way to file an exemption is as follows:

- File a statement of exemption with your student's school or child care. This statement should include: the student's full name, age or date of birth, date the exemption was filed, the immunizations declined, and which type of non-medical exemption is being taken (personal belief or religious).

Student Name:

Age:

Date of Exemption:

Immunizations Declined:

Which Type of Exemption:

Furthermore, we entrust that the school will follow federal laws including FERPA and HIPAA laws, as well as applicable Colorado laws, and we **do not** give permission for our child's information from the past, present, or future to be submitted to the Colorado Immunization Information System (CIIS).

Signed _____
(Parent)



Immunization Medical Exemption Form

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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.