

# CERTIFICATE OF IMMUNIZATION FOR AURARIA CAMPUS STUDENTS

*Colorado law requires this form be completed and provided to the school.*

Name: <b>Mary Smith</b>	Date of Birth: <b>Jan 1, 1985</b>
Student ID Number: <b>S00 00 0000</b>	
Street Address: <b>123 Main Street</b>	City, State, ZIP Code: <b>Chicago, IL 99999</b>
School Name: <b>Community College of Denver</b>	School Address: <b>PO Box 173363, Denver, CO 80217</b>
School Phone Number: <b>303-352-3201</b>	School Fax Number: <b>303-474-7148</b>

VACCINE	DATE GIVEN	VACCINE	DATE GIVEN
Measles #1		Measles #2	
Mumps #1			
Rubella #1			
ADDITIONAL VACCINE (NOT REQUIRED)		VACCINES DATES GIVEN (IF AVAILABLE)	
DTP/DTaP			
Td/DT (Tetanus-Diphtheria)		(x)	
OPV-IPV (Polio)			
Other:			

• In lieu of immunization, a written statement from a physician, nurse, or other health care provider is acceptable. Attach to the best of my knowledge.

**TO THE BEST OF MY KNOWLEDGE**

DO NOT SIGN UNLESS

Signed \_\_\_\_\_  
(Physician, nurse, or other health care provider)

**STATEMENT OF EXEMPTION**

IN THE EVENT OF AN OUTBREAK OF DISEASE  
SI SE PRESENTA UN BROTE DE ENFERMEDAD

measles, mumps, and rubella is acceptable. Attach to the best of my knowledge.

**IS REQUIRED FOR SCHOOL.**

DATE OF BIRTH AND GRADE OR AGE ARE MET

Date \_\_\_\_\_

**EXEMPTIONS DE LA LEY DE VACUNACION**

EXEMPTION FROM SCHOOL AND TO QUARANTINE.  
SE LES PONGA EN CUARENTENA O SE

Sample

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

**EXENCION POR RAZONES MEDICAS:** El estado de salud de la persona arriba citada es tal que la vacunacion significa un riesgo para su salud o incluso su vida; o bien, las vacunas estan contraindicadas debido a otros problemas de salud.

Medical Exemption to the following vaccine(s):  
La exencion por razones medicas aplica a la (s) siguiente(s) vacuna(s):

Signed (Firma) \_\_\_\_\_ Date: (Fecha) \_\_\_\_\_  
Physician (Medico)

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

**EXENCION POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religion que se opone a la inmunizacion.

Religious Exemption to the following vaccine(s):  
Exencion por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) \_\_\_\_\_ Date: (Fecha) \_\_\_\_\_  
Parent, guardian emancipated student or student 18 years or older  
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is adherent to a personal belief opposed to immunizations.

**EXENCION POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunizacion.

Personal Exemption to the following vaccine(s):  
Exencion por motivos religiosos de la(s) siguiente(s) vacuna(s):

Signed (Firma) Mary Smith Date: (Fecha) 3-2-2009  
Parent, guardian emancipated student or student 18 years or older  
(Padre, tutor, estudiante emancipado o estudiante de 18 años y mayor)