

CERTIFICATE OF IMMUNIZATION FOR AURARIA CAMPUS STUDENTS

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

Name:	Date of Birth:
Student ID Number:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

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

- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

TO THE BEST OF MY KNOWLEDGE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL.

DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS FOR AGE OR GRADE ARE MET

Signed _____ Title _____ Date _____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACION RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACION)

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.
 SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

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 rezones 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 anos 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) _____ Date: (Fecha) _____
Parent, guardian emancipated student or student 18 years or older
 (Padre, tutor, estudiante emancipado o estudiante de 18 anos y mayor)