

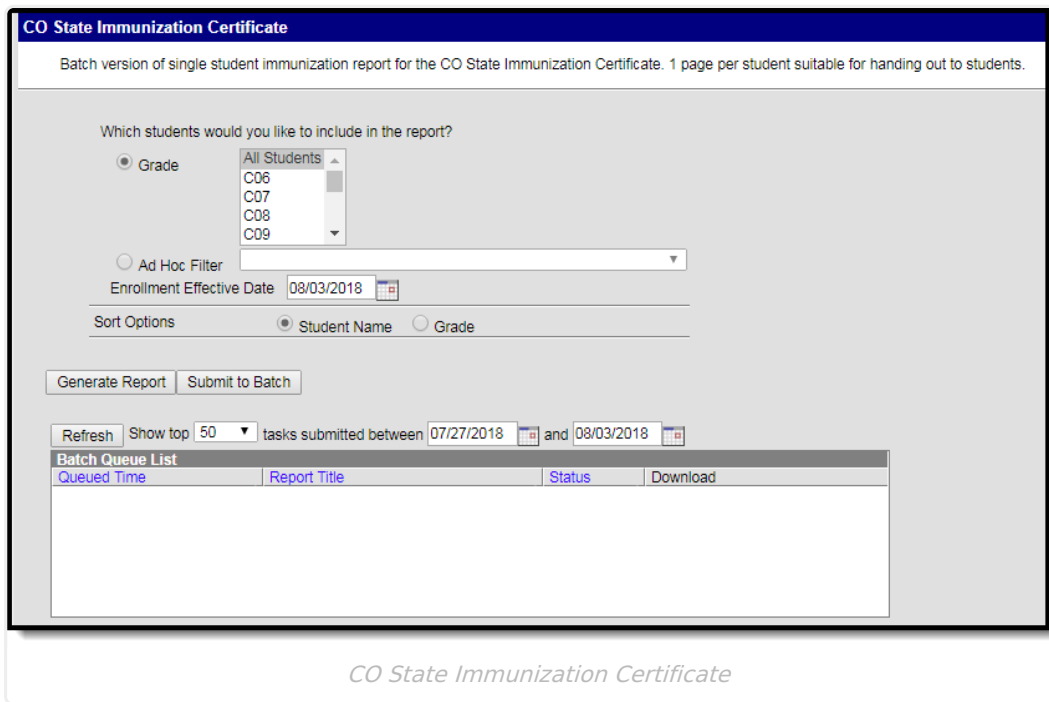
# State Immunization Certificate (Colorado)

Last Modified on 10/21/2024 8:22 am CDT

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Tool Search: CO State Immunization Cert

The Colorado State Immunization Certificate is used to generate a report of immunization compliance rules for students.



**CO State Immunization Certificate**

Batch version of single student immunization report for the CO State Immunization Certificate. 1 page per student suitable for handing out to students.

Which students would you like to include in the report?

Grade  Ad Hoc Filter

Grade:  (Options: C06, C07, C08, C09)

Enrollment Effective Date:

Sort Options:  Student Name  Grade

Refresh Show top 50 tasks submitted between  and

Batch Queue List			
Queued Time	Report Title	Status	Download

*CO State Immunization Certificate*

## Report Logic

Students report on separate pages of the report.

## Generation Steps

1. Select the students to include in the report, either by **Grade** or by selecting an **Ad hoc Filter**.
2. Enter an **Enrollment Effective Date**.
3. Choose how the report should sort, either by **Student Name** or by **Grade**.
4. Click **Generate Report** or **Submit to Batch**. The report displays as a PDF.

## Report Example

## COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization

**COLORADO**  
Department of Public Health & Environment

This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse [APN] or delegated physician's assistant [PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: \_\_\_\_\_ Date of birth: 12/04/2013

Parent/guardian:(if student is under 18 years of age and not emancipated) \_\_\_\_\_

Required Vaccines	Immunization date(s) MM/DD/YY	Titer Date* MM/DD/YY
HepB Hepatitis B	12/04/2013 HepB ; 02/25/2014 HepB ; 05/01/2014 HepB ; 07/02/2014 HepB	
DTaP Diphtheria, Tetanus, Pertussis (pediatric)	02/25/2014 ; 05/01/2014 ; 07/02/2014 ; 07/20/2015 ; 03/23/2018	
Tdap Tetanus, Diphtheria, Pertussis†		
Td Tetanus, Diphtheria		
Hib Haemophilus influenzae type b		
IPV/OPV Polio	02/25/2014 Polio ; 05/01/2014 Polio ; 07/02/2014 Polio ; 03/23/2018 Polio	
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella ‡	03/24/2015 MMR ; 03/23/2018 MMR	
Measles		
Mumps		
Rubella		
Varicella Chickenpox	03/24/2015 Varicella-03/23/2018 Varicella	

\*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

†For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.  
‡Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended Vaccines	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
RV Rotavirus	
MCV4 Meningococcal	
MenB Meningococcal	
HepA Hepatitis A	
Flu Influenza	
COVID-19	
Other	

Health care provider printed name/signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one): **OR** Yes No

Immunization record transcribed/reviewed by school health authority: \_\_\_\_\_ Date: \_\_\_\_\_

School health authority signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_

Last Reviewed: May 2023 040

Colorado State Immunization Certificate Example

# Report Layout

Data Element	Description	Location
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Data Element	Description	Location
<b>Student Name</b>	The student's full name. <i>Alphanumeric</i>	Census > Person > Demographics > First Name, Last Name, Suffix  identity.firstName identity.lastName identity.suffix
<b>Date of Birth</b>	The student's birthdate. <i>Date fields, MM/DD/YYYY</i>	Census > People > Demographics > Birth Date  identity.birthDate
<b>Parent/Guardian (if student is under 18 years of age and not emancipated)</b>	The parent/guardian's full name. <i>Alphanumeric</i>	Census > People > Relationships > Name
<b>Required Vaccines</b>		
<i>Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information &gt; Health &gt; Immunizations) for each of the following vaccines.</i>		
<b>Hep B</b>	Hepatitis B	
<b>DTaP</b>	Diphtheria, Tetanus, Pertussis (pediatric)	
<b>DT</b>	Diphtheria, Tetanus (pediatric)	
<b>Tdap</b>	Tetanus, Diphtheria, Pertussis	
<b>Td</b>	Tetanus, Diphtheria	
<b>Hib</b>	Haemophilus Influenzae Type B	
<b>IPV/OPV</b>	Polio	
<b>PCV</b>	Pneumococcal Conjugate	
<b>MMR</b>	Measles, Mumps, Rubella	
<b>Measles</b>	N/A	
<b>Mumps</b>	N/A	
<b>Rubella</b>	N/A	
<b>Varicella</b>	Chickenpox	
<b>Varicella date of disease</b>	The Waiver Date when the student has an exemption of "H"-Hx/Dis.	
<b>Varicella positive screen date</b>	The Waiver Date when the student has an exemption of "L"- Lab Verified Titers.	

Data Element	Description	Location
<b>Recommended Vaccines</b> <i>Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information &gt; Health &gt; Immunizations) for each of the following vaccines.</i>		
<b>HPV</b>	Human Papillomavirus	
<b>RV</b>	Rotavirus	
<b>MCV4</b>	Meningococcal (MCV4 or MenACWY)	
<b>MenB</b>	Meningococcal	
<b>Hep A</b>	Hepatitis A	
<b>Flu</b>	Influenza	
<b>COVID-19</b>	N/A	
<b>Other</b>	Reports blank.	

## Previous Versions

[State Immunization Certificate \(Colorado\) \[.2335 - .2343\]](#)

[State Immunization Certificate \(Colorado\) \[.2247 - .2331\]](#)

[State Immunization Certificate \(Colorado\) \[.2243 and previous\]](#)