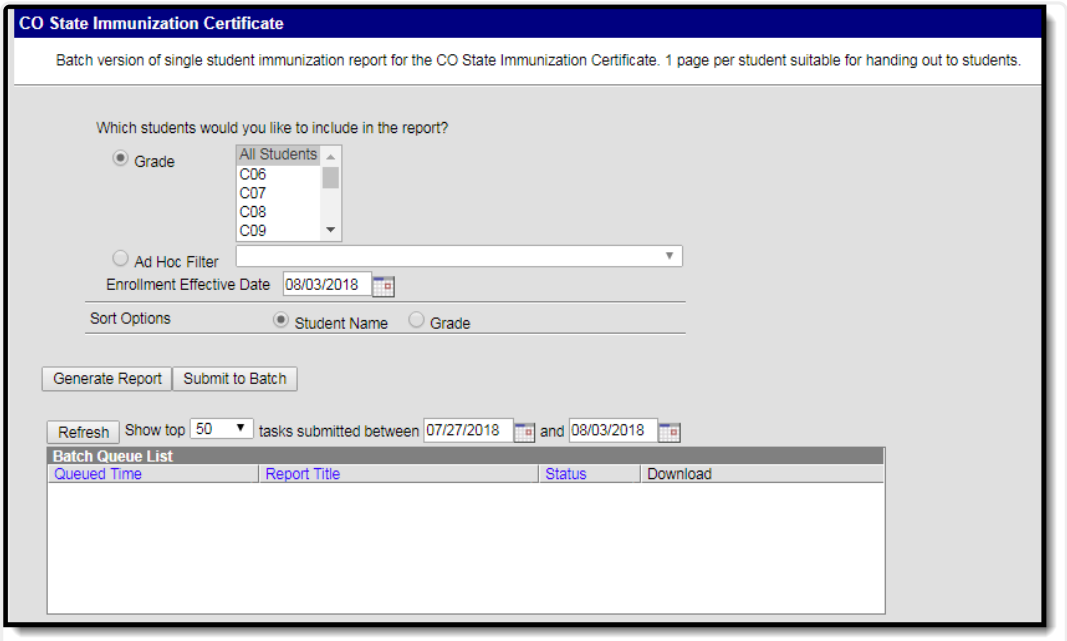
State Immunization Certificate (Colorado)

Last Modified on 06/26/2026 10:08 am CDT

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

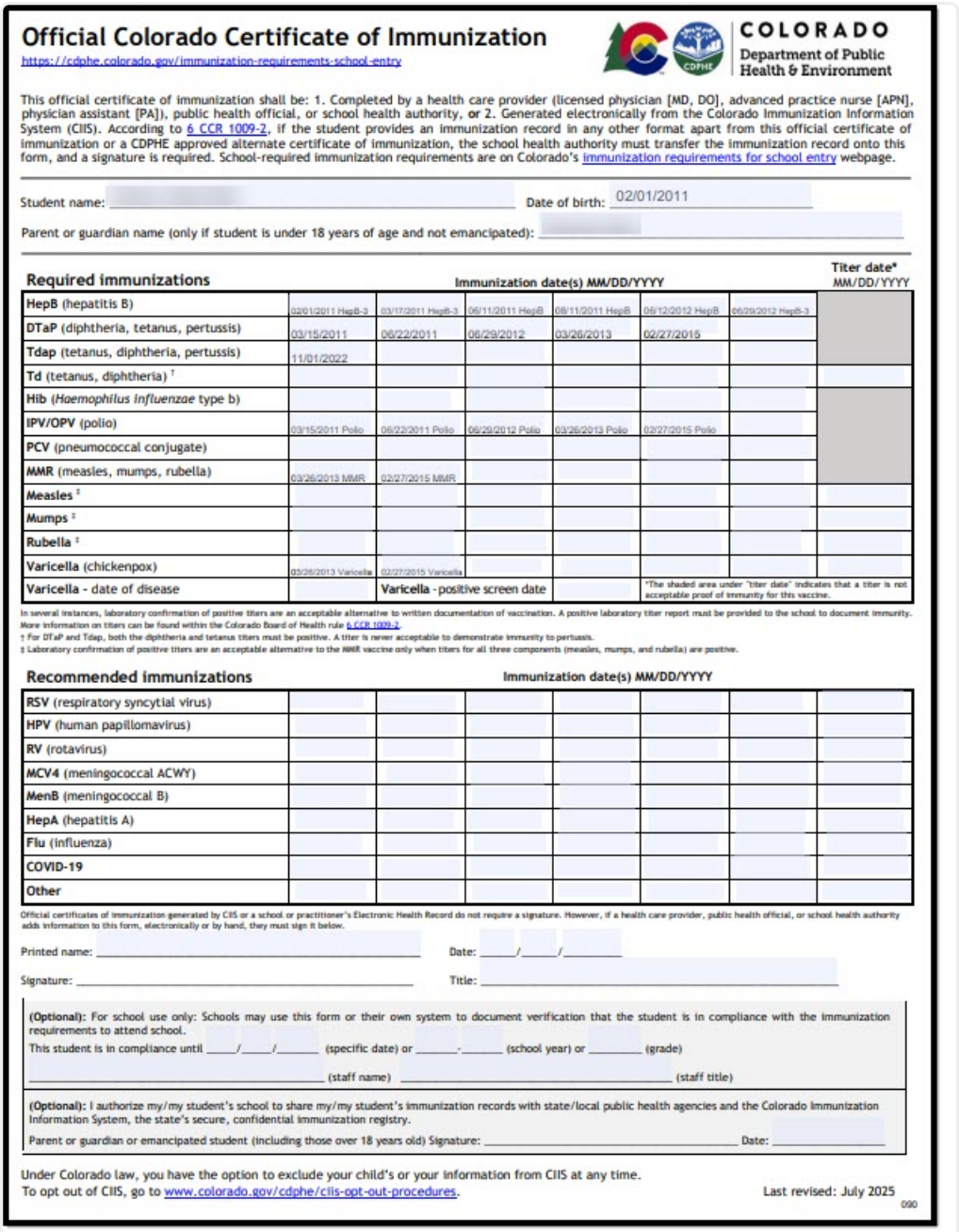
Report Logic

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



Official Colorado Certificate of Immunization

https://cdphe.colorado.gov/immunization-requirements-school-entry

COLORADO
Department of Public Health & Environment

This official certificate of immunization shall be: 1. Completed by a health care provider (licensed physician [MD, DO], advanced practice nurse [APN], physician assistant [PA]), public health official, or school health authority, **or** 2. Generated electronically from the Colorado Immunization Information System (CIIS). According to 6 CCR 1009-2, if the student provides an immunization record in any other format apart from this official certificate of immunization or a CDPHE approved alternate certificate of immunization, the school health authority must transfer the immunization record onto this form, and a signature is required. School-required immunization requirements are on Colorado's immunization requirements for school entry webpage.

Student name: _____ Date of birth: 02/01/2011

Parent or guardian name (only if student is under 18 years of age and not emancipated): _____

Required immunizations	Immunization date(s) MM/DD/YYYY						Titer date* MM/DD/YYYY
HepB (hepatitis B)	02/01/2011 HepB-3	03/17/2011 HepB-3	06/11/2011 HepB	08/11/2011 HepB	06/12/2012 HepB	06/29/2012 HepB-3	
DTaP (diphtheria, tetanus, pertussis)	03/15/2011	06/22/2011	06/29/2012	03/26/2013	02/27/2015		
Tdap (tetanus, diphtheria, pertussis)	11/01/2022						
Td (tetanus, diphtheria) †							
Hib (*Haemophilus influenzae* type b)							
IPV/OPV (polio)	03/15/2011 Polio	06/22/2011 Polio	06/29/2012 Polio	03/26/2013 Polio	02/27/2015 Polio		
PCV (pneumococcal conjugate)							
MMR (measles, mumps, rubella)	03/26/2013 MMR	02/27/2015 MMR					
Measles ‡							
Mumps ‡							
Rubella ‡							
Varicella (chickenpox)	03/26/2013 Varicella	02/27/2015 Varicella					
Varicella - date of disease		**Varicella** - positive screen date			*The shaded area under "titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.		

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.
† 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 immunizations	Immunization date(s) MM/DD/YYYY						
RSV (respiratory syncytial virus)							
HPV (human papillomavirus)							
RV (rotavirus)							
MCV4 (meningococcal ACWY)							
MenB (meningococcal B)							
HepA (hepatitis A)							
Flu (influenza)							
COVID-19							
Other							

Official certificates of immunization generated by CIIS or a school or practitioner's Electronic Health Record do not require a signature. However, if a health care provider, public health official, or school health authority adds information to this form, electronically or by hand, they must sign it below.

Printed name: _____ Date: ____/____/_____

Signature: _____ Title: _____

(Optional): For school use only: Schools may use this form or their own system to document verification that the student is in compliance with the immunization requirements to attend school.
This student is in compliance until ____/____/_____ (specific date) or _____-_____ (school year) or _____ (grade)
_____ (staff name) _____ (staff title)

(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 or guardian or emancipated student (including those over 18 years old) Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's or your information from CIIS at any time.
To opt out of CIIS, go to www.colorado.gov/cdphe/ciis-opt-out-procedures.

Last revised: July 2025
090

Colorado State Immunization Certificate Example

Report Layout

Data Element	Description	Location

Data Element	Description	Location
Student Name	The student's full name. *Alphanumeric*	Census > Person > Demographics > First Name, Last Name, Suffix identity.firstName identity.lastName identity.suffix
Date of Birth	The student's birthdate. *Date fields, MM/DD/YYYY*	Census > People > Demographics > Birth Date identity.birthDate
Parent or guardian name (only if student is under 18 years of age and not emancipated)	The parent/guardian's full name. *Alphanumeric*	Census > People > Relationships > Name
Required Vaccines *Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.*		
Hep B	hepatitis B	
DTaP	diphtheria, tetanus, pertussis	
Tdap	tetanus, diphtheria, pertussis	
Td	tetanus, diphtheria	
Hib	Haemophilus influenzae type b	
IPV/OPV	polio	
PCV	pneumococcal conjugate	
MMR	measles, mumps, rubella	
Measles	N/A	
Mumps	N/A	
Rubella	N/A	
Varicella	chickenpox	
Varicella date of disease	The Waiver Date when the student has an exemption of "H"-Hx/Dis.	

Data Element	Description	Location
Varicella positive screen date	The Waiver Date when the student has an exemption of "L"- Lab Verified Titers.	
Recommended Vaccines *Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.*		
RSV	respiratory syncytial virus	
HPV	human papillomavirus	
RV	rotavirus	
MCV4	meningococcal ACWY	
MenB	meningococcal B	
HepA	hepatitis A	
Flu	influenza	
COVID-19	N/A	
Other	Reports blank.	