

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

Last Modified on 10/31/2022 12:11 pm CDT

a

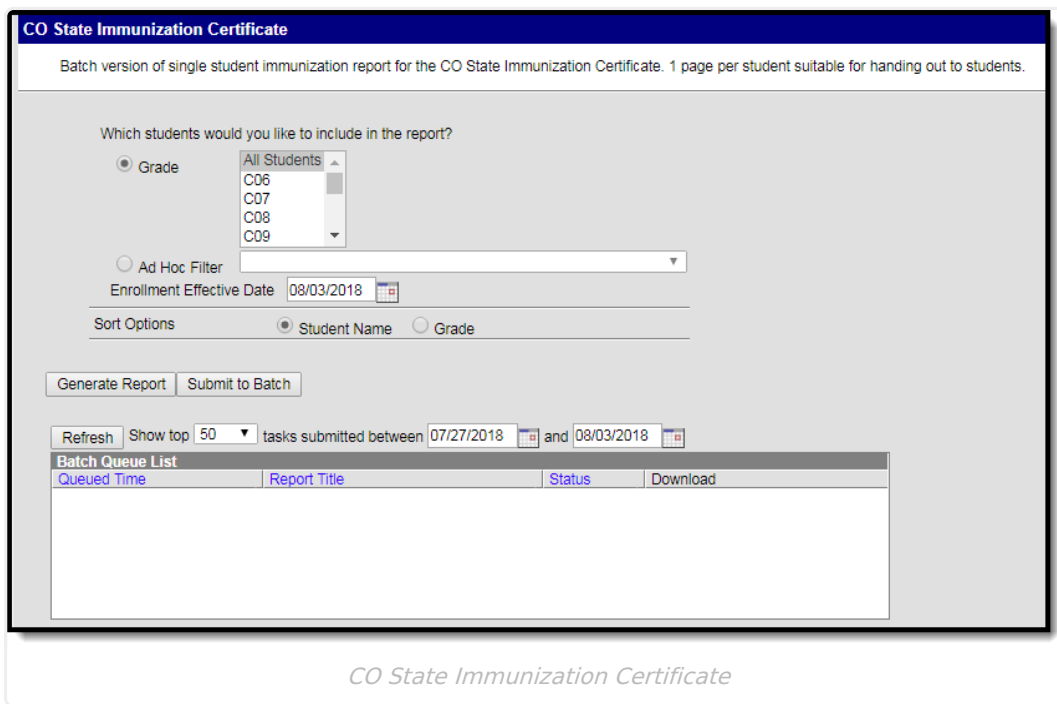
You are viewing a previous version of this article. See [State Immunization Certificate \(Colorado\)](#) for the most current information.

[Report Logic](#) | [Generation Steps](#) | [Report Example](#)

**Classic Path:** [Health > Reports > CO State Immunization Cert](#)

**Search Terms:** [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: All Students, C06, C07, C08, C09

Ad Hoc Filter: [Empty]

Enrollment Effective Date: 08/03/2018

Sort Options:  Student Name  Grade

Generate Report Submit to Batch

Refresh Show top 50 tasks submitted between 07/27/2018 and 08/03/2018

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**.

- Choose how the report will be sorted, either by **Student Name** or by **Grade**.
- Click **Generate Report** or **Submit to Batch**. The report displays as a PDF.

## Report Example

**COLORADO CERTIFICATE OF IMMUNIZATION**  
[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**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 ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Parent/guardian: \_\_\_\_\_

Required vaccines	Immunization date(s) MM/DD/YY	Titer date* MM/DD/YY
Hep B Hepatitis B		
DTaP Diphtheria, Tetanus, Pertussis (pediatric)		
Tdap Tetanus, Diphtheria, Pertussis		
Td Tetanus, Diphtheria		
Hib Haemophilus influenzae type b		
IPV/OPV Polio		
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella		
Measles		
Mumps		
Rubella		
Varicella Chickenpox		

Varicella - date of disease \_\_\_\_\_

Varicella - positive screen date \_\_\_\_\_

\*A positive laboratory titer report must be provided to the school to document immunity.

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

Recommended vaccines	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
Rota Rotavirus	
MCV4/MPSV4 Meningococcal	
Men B Meningococcal	
Hep A Hepatitis A	
Flu Influenza	
Other	

Health care provider signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

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

OR

Immunization record transcribed/reviewed by school health authority:

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: \_\_\_\_\_

CO State Immunization Certificate Example