

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

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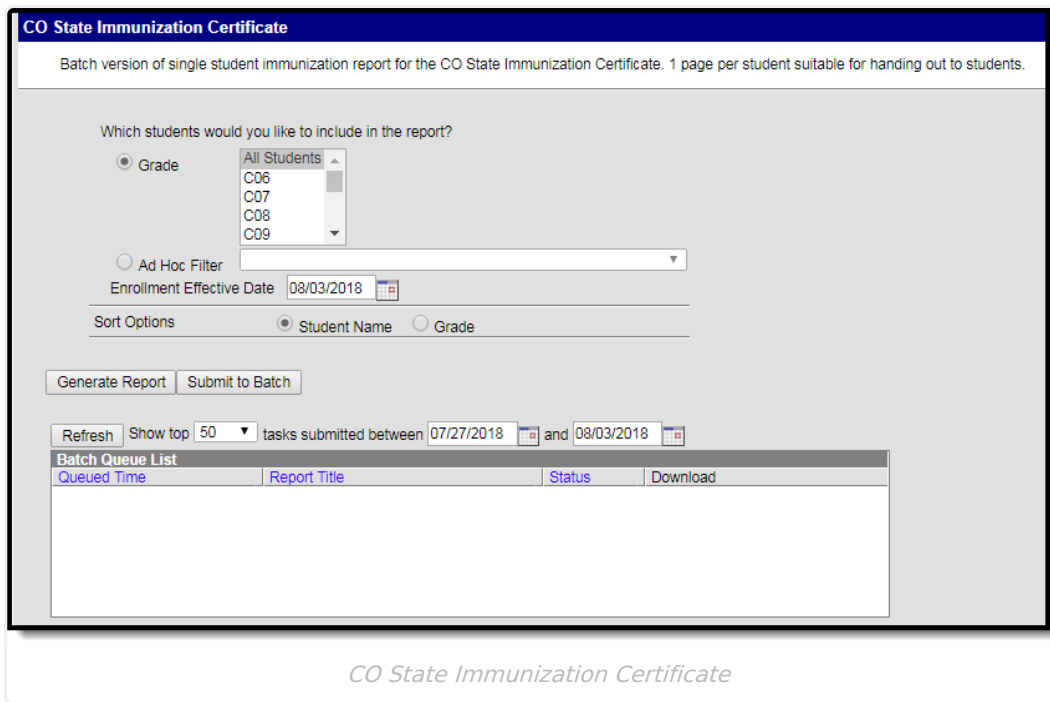
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The Colorado State Immunization Certificate is used to generate a report of immunization compliance rules for students.



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 will be sorted, 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
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 6th grade entry.

Student Name:

Parent/guardian:

Date of birth:

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