

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

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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: (Dropdown menu with options: C06, C07, C08, C09)

Enrollment Effective Date: (Calendar icon)

Sort Options: ☒ Student Name ☐ Grade

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**.

- 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

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.



COLORADO
Department of Public
Health & Environment

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.

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: _____