

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

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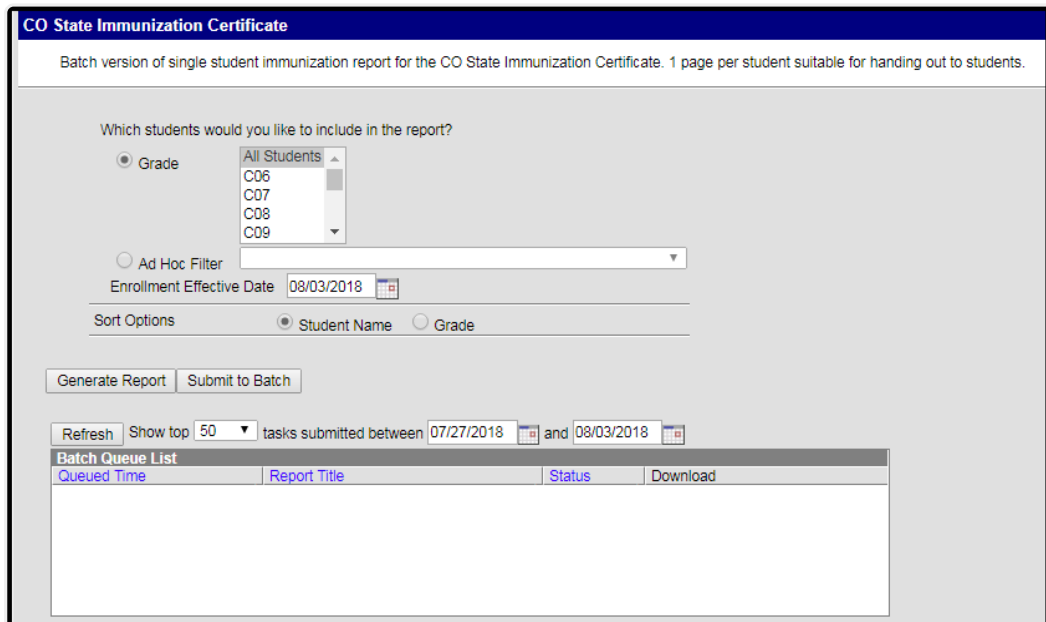
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The Colorado State Immunization Certificate is used to generate a report of immunization compliance rules for students.



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

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**.
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
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: _____ 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	
COVID-19	
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: _____

Last Reviewed: May 2021

CO State Immunization Certificate Example

Report Layout

Data Element	Description	Location
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Data Element	Description	Location
Student Name	The student's full name. <i>Alphanumeric</i>	Census > Person > Demographics > First Name, Last Name, Suffix identity.firstName identity.lastName identity.suffix
Date of Birth	The student's birthdate. <i>Date fields, MM/DD/YYYY</i>	Census > People > Demographics > Birth Date identity.birthDate
Parent/Guardian	The parent/guardian's full name. <i>Alphanumeric</i>	Census > People > Relationships > Name
Required Vaccines <i>Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.</i>		
Hep B	Hepatitis B	
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)	
DT	Diphtheria, Tetanus (pediatric)	
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.	
Varicella positive screen date	The Waiver Date when the student has an exemption of "L"-Lab Verified Titers.	

Data Element	Description	Location
Recommended Vaccines <i>Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.</i>		
HPV	Human Papillomavirus	
Rota	Rotavirus	
MCV4/MPSV4	Meningococcal	
Hep A	Hepatitis A	
Flu	Influenza	
COVID-19	N/A	
Other	Reports blank.	

Previous Versions

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