

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

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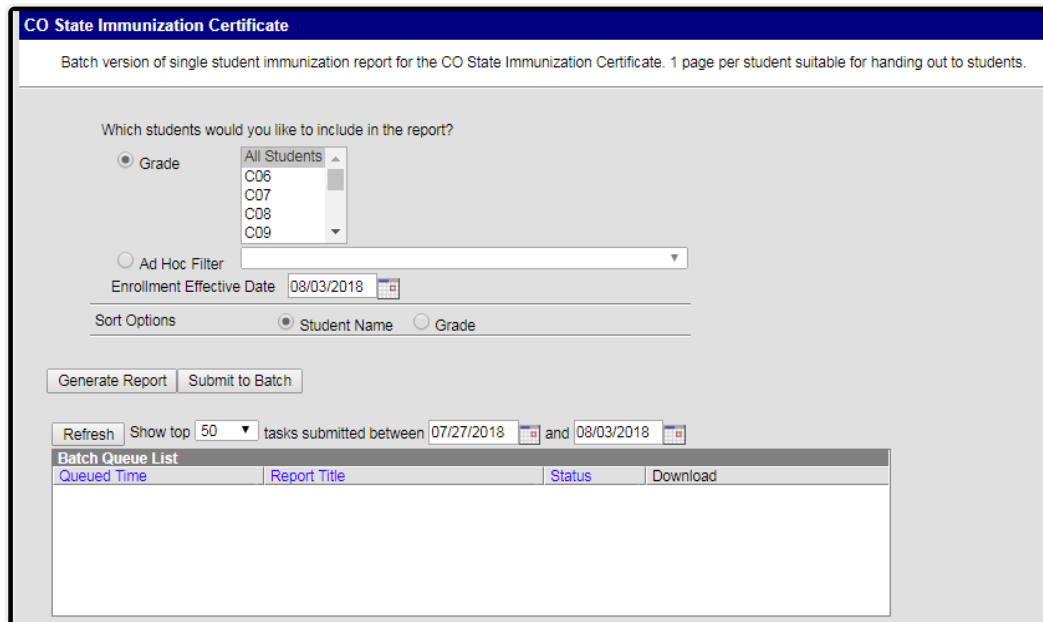
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The Colorado State Immunization Certificate is used to generate a report of immunization compliance rules for students.



CO State Immunization Certificate

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**.

- 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: _____ Date: _____

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 |
|--------------|-------------|----------|
|--------------|-------------|----------|

| 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 \(Colorado\) \[.2243 and previous\]](#)