

State Immunization Certificate (Colorado) [.2335 - .2343]

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Search Terms: CO State Immunization Cert

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

Batch version of single stude	ent immunization report for the CO State Immunization Certificate. 1 page per student suitable for handing out to stude
Which students would	you like to include in the report?
 Grade 	All Students
O Ad Hoc Filter	Υ
Enrollment Effective I	Date 08/03/2018
Sort Options	Student Name Grade
Batch Queue List	tasks submitted between 07/27/2018 and 08/03/2018
	Report Title Status Download
Queued Time	

Report Logic

Students report on separate pages of the report.

Generation Steps

- 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.

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Report Example

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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MWR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.						
Student Name:			Date of birth:			
Parent/guardian:(if student is under 18 years	s of age and not emancipated	d) <mark>.</mark>				
Required Vaccines	Immunization date(s) MW/	DD/YY		Titer Date*		
Hep8 Hepatitis B						
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†						
Tdap Tetanus, Diphtheria, Pertussis†	1		1			
Td Tetanus, Diphtheria						
Hib Haemophilus Influenzae type b						
IPV/OPV Polio						
PCV Pneumococcal Conjugate		1				
MMR Measles, Mumps, Rubella ‡						
Measles		1 1	1	i i		
Mumps						
Rubella						
Varicella Chickenpox						
Varicella - date of disease 1 several instances, laboratory confirmation of positive titers are a 1 monthly. More information on titers can be found within the Colors for OTAP and Table, buth the optimized and the colors diseasering confirmation of positive titers are an acceptable above.	date acceptable alternative to written docume do Board of Health rule & CAR 1009-2. positive. A titer is never acceptable to de ative to the MMR vaccine only when titers	monstrate immunity to pertuasis. for all three components (measiles, mu	not acceptable proof of i			
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Report Layout

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 (if student is under 18 years of age and not emancipated)	The parent/guardian's full name. <i>Alphanumeric</i>	Census > People > Relationships > Name

Required Vaccines

Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.

Нер В	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 Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information > Health > Immunizations) for each of the following vaccines.				
HPV	Human Papillomavirus			
RV	Rotavirus			
MCV4	Meningococcal			
Нер А	Hepatitis A			
Flu	Influenza			
COVID-19	N/A			
Other	Reports blank.			

Previous Versions

State Immunization Certificate (Colorado) [.2247 - .2331] State Immunization Certificate (Colorado) [.2243 and previous]