

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

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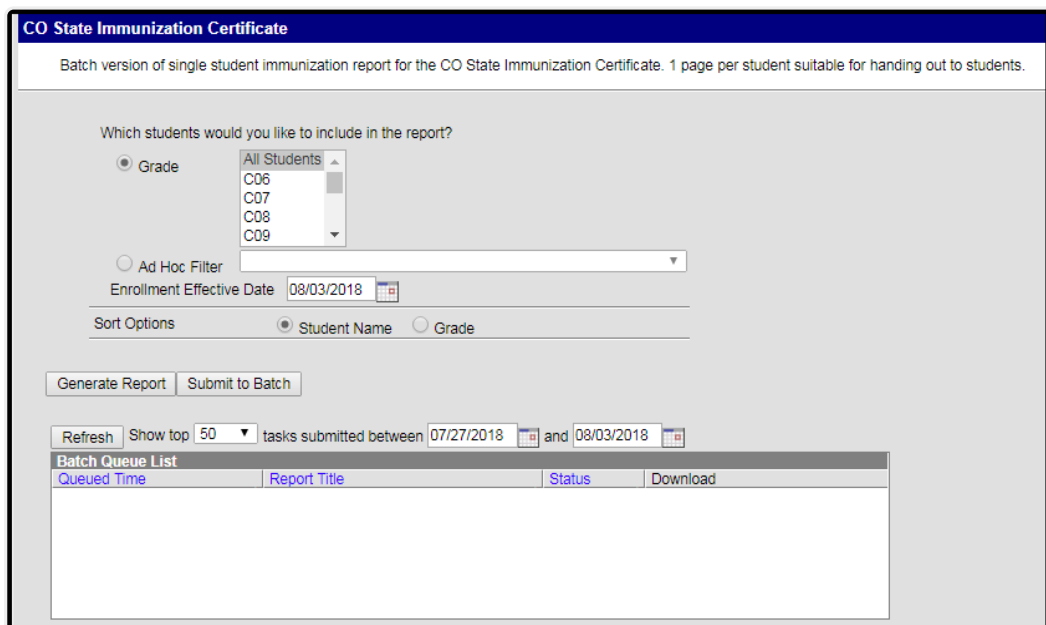
You are viewing a previous version of this article. See [State Immunization Certificate \(Colorado\)](#) for the most current information.

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**Classic View:** Health > Reports > CO State Immunization Cert

**Search Terms:** CO State Immunization Cert

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

Buttons: 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**  
[cdphe.colorado.gov/immunization](http://cdphe.colorado.gov/immunization)

**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 Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at [cdphe.colorado.gov/immunization/forms](http://cdphe.colorado.gov/immunization/forms)), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR 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 of age and not emancipated) \_\_\_\_\_

Required Vaccines	Immunization date(s) MM/DD/YY	Titer Date* MM/DD/YY
HepB 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

\*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.  
 † For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.  
 ‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended Vaccines	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
RV Rotavirus	
MCV4 Meningococcal	
MenB Meningococcal	
HepA Hepatitis A	
Flu Influenza	
COVID-19	
Other	

Health care provider printed name/signature: \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one): OR Yes No  
 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 2023

Immunization Certification PDF Example

# Report Layout

Data Element	Description	Location
<b>Student Name</b>	The student's full name. <i>Alphanumeric</i>	Census > Person > Demographics > First Name, Last Name, Suffix  identity.firstName identity.lastName identity.suffix
<b>Date of Birth</b>	The student's birthdate. <i>Date fields, MM/DD/YYYY</i>	Census > People > Demographics > Birth Date  identity.birthDate
<b>Parent/Guardian (if student is under 18 years of age and not emancipated)</b>	The parent/guardian's full name. <i>Alphanumeric</i>	Census > People > Relationships > Name
<b>Required Vaccines</b> <i>Reports the Immunization Dates (MM/DD/YYYY) from the student's Immunizations tool (Student Information &gt; Health &gt; Immunizations) for each of the following vaccines.</i>		
<b>Hep B</b>	Hepatitis B	
<b>DTaP</b>	Diphtheria, Tetanus, Pertussis (pediatric)	
<b>DT</b>	Diphtheria, Tetanus (pediatric)	
<b>Tdap</b>	Tetanus, Diphtheria, Pertussis	
<b>Td</b>	Tetanus, Diphtheria	
<b>Hib</b>	Haemophilus Influenzae Type B	
<b>IPV/OPV</b>	Polio	
<b>PCV</b>	Pneumococcal Conjugate	
<b>MMR</b>	Measles, Mumps, Rubella	
<b>Measles</b>	N/A	
<b>Mumps</b>	N/A	
<b>Rubella</b>	N/A	
<b>Varicella</b>	Chickenpox	
<b>Varicella date of disease</b>	The Waiver Date when the student has an exemption of "H"-Hx/Dis.	
<b>Varicella positive screen date</b>	The Waiver Date when the student has an exemption of "L"- Lab Verified Titers.	

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

## Previous Versions

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

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