



Colorado Department of Public Health and Environment

NOTICE of Exclusion Immunization Record Needed for School/Child Care Attendance

Note to Health Care Provider: Colorado Statute 6 CCR 1009-2 mandates the establishment of school required vaccines through the authority of the Colorado Board of Health as a requirement for student attendance at Colorado Schools.

To the parent/guardian of: \_\_\_\_\_

The child listed above does not have an up-to-date Certificate of Immunization on file and cannot attend this school/childcare until a completed immunization record is received (according to Colorado law).

The following shots are needed:

- DTaP (Diphtheria/Tetanus/Pertussis) Hib (Haemophilus Influenzae type b)
Tdap (Tetanus/Diphtheria/Pertussis) PCV13 (Pneumococcal Conjugate)
Td (Tetanus/Diphtheria) Hepatitis B
Polio Varicella (Chickenpox)
MMR (Measles/Mumps/Rubella)

All reporting of Chickenpox disease is to be documented by a healthcare provider (physician or RN)

Please note: If an immunization is against your religious beliefs, you must sign a religious exemption. If your child cannot receive an immunization for medical reasons, a physician must sign a medical exemption.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
School/Childcare: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Method of Notification: \_\_\_ Phone \_\_\_ Mail \_\_\_ In Person

If this box is marked, more than one dose of an immunization noted above is needed, and the plan below must be completed by a healthcare provider, signed by you, and returned to us by the due date above.

Table with columns: VACCINE, HEALTHCARE PROVIDER (Name, Phone Number), DUE TO BE RECEIVED (Date). Rows include DTaP, Tdap, Td, Polio, MMR, Hib, PCV13, Hepatitis B, and Varicella.

I agree to the above plan for receiving the required shots, submitting the records, and completing the Certificate of Immunization.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_
parent/guardian of the child or emancipated child listed above