



Colorado Department
of Public Health
and Environment

Notice of Immunization Requirement

Required Immunization(s) for School/Child Care

To the parent/guardian of: _____

The child listed above either does not have an immunization record or does not have an up-to-date Certificate of Immunization on file. If a record for the immunization(s) marked below is not returned to us by _____, the child may be excluded from school according to the Colorado Immunization law.

Our records show that the following shot(s) is/are needed based on your child's grade level:
(please contact your health care provider or local health department at _____ to obtain required immunizations)

_____ **DTaP**
(Diphtheria/Tetanus/Pertussis)

_____ **Polio**

_____ **PCV7**
(Pneumococcal Conjugate)

_____ **Td**
(Tetanus/Diphtheria)

_____ **MMR**
(Measles, Mumps, Rubella)

_____ **Hepatitis B**

_____ **Hib**
(Haemophilus Influenza Type B)

_____ **Varicella ***
(Chickenpox)

_____ **Tdap**
(Diphtheria/Tetanus/Pertussis)

*If a child has had Chickenpox disease it must be documented by a health care provider and can include a disease history screening by a public health nurse or a school nurse.

If the child **had** this/these shot(s) already, please make sure we receive an up-to-date immunization record. If the child **needs** (an) immunization(s), please make an appointment with a healthcare provider as soon as possible – and tell us the appointment date and time as well as the name and phone number of the clinic. **If you have no insurance, call 1-800-688-7777 and ask for the local health agency nearest your home.**

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. If you have **personal beliefs** opposed to an immunization, you must sign a personal exemption. Exemption forms can be found on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization.

Signed: _____ **Date:** _____

School or Child Care Center _____

Phone: _____ **Fax:** _____