



Notice of Immunization Requirement & In-Process Form Immunizations Needed for School or Child Care

Dedicated to protecting and improving the health and environment of the people of Colorado

This notification is being sent to you by your student’s school/childcare to inform you of a required immunization(s) not documented on the student’s immunization record provided to the school/childcare. **Please respond directly to your school/childcare regarding this notice.**

To the parent/guardian of: _____

Your student will need an up-to-date immunization record that includes required immunizations in order to attend this school/child care. Colorado law allows your student to attend school/child care while he/she is getting up-to-date on immunizations and is considered in-process. ** Please present an immunization record to your school/childcare after each immunization.

The following shot(s) is/are required and due by the following date: _____

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| _____ DTaP (Diphtheria/Tetanus/Pertussis) | _____ Hib (<i>Haemophilus influenzae</i> type b) |
| _____ Tdap (Tetanus/Diphtheria/Pertussis) | _____ PCV13 (Pneumococcal Conjugate) |
| _____ Td (Tetanus/Diphtheria) | _____ Hepatitis B |
| _____ IPV (Polio) | _____ Varicella * (Chickenpox) |
| _____ MMR (Measles, Mumps, Rubella) | |

* All reporting of Chickenpox disease must be documented by a health care provider (MD, DO, APN -Advanced Practice Nurse or PA - Physician’s Assistant) or a chickenpox disease screening can be done by the school nurse who is a RN - registered nurse). **As of 7/1/2015, 2 doses of Varicella vaccine are required for all students K - 12th grades.**

Please note If your child cannot receive an immunization for *medical reasons*, an MD, DO, APN or PA must sign a Medical Exemption. Colorado also allows parents to submit a Non-Medical exemption (religious or personal belief) with a parent/guardian signature. Please go to www.colorado.gov/vaccineexemption to obtain an exemption form and for guidance on the frequency of submission of exemptions.

School Representative: _____ **Date:** _____

School/Child Care: _____ **Phone#:** _____ **Fax#:** _____

Method of Notification: Phone# _____ Mail _____ In Person _____

Additional School Note: _____

**** In-Process:** Please submit your immunization record to the school/childcare. If your student needs more than one dose of an immunization he/she will be “in-process.” Please provide your written plan for receiving the required immunization(s) in the space below (include the dates that the immunization(s) will be given).



Dear Health Care Provider,

The Colorado Board of Health (CBOH) incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the **minimum age and minimum intervals** as defined by ACIP: [ACIP Immunization Schedules for Persons Aged 0 Through 18 Years of Age](#)

There are 3 ways a school/student can meet the compliance requirements directed by the Colorado Board of Health rule:

1. **A student is considered fully immunized if they have received school-required immunizations according to the ACIP schedule:** DTaP, Tdap, IPV, Hep B, MMR, Varicella, Hib, PCV13. (Note: Students entering Kindergarten are required to receive their final doses of DTaP, IPV, MMR and Varicella. Students entering 6th grade, regardless of age, are required to receive Tdap) OR
2. **A student is “in-process” of getting up-to-date on required immunizations** (a written plan is provided to the school by the parent) OR
3. **The student’s parent/guardian has submitted a signed non-medical exemption** (based on religious or personal belief) or the **health care provider (MD, DO, APN or delegated PA) has signed a medical exemption** due to a condition that precludes a patient receiving vaccine(s).

If students do not meet one or more of the above compliance criteria, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules. If you have questions about the student’s school immunization requirement, please communicate with the student’s school nurse/school representative.

It is strongly recommended that additional vaccines that are recommended but not required be administered to best protect the student from vaccine preventable diseases (i.e., MenACWY, HPV, etc.).

If you have questions about the ACIP immunization schedule, or a dose of vaccine that is marked as invalid in your patient’s immunization record, the Colorado Immunization Branch provides a **Nurse on-call Monday through Friday, 8:30 a.m. through 5 p.m. at 303-692-2700**. Additionally, there are reliable resources where you can search for answers to specific immunization questions that may arise:

Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>

CDC’s 13th edition of the Epidemiology & Prevention of Vaccine-Preventable Diseases
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

The Immunization Action Coalition: Ask the Experts
<http://www.immunize.org/askexperts/>

To communicate with the CDC Experts at the National Immunization Program
nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Please contact Jamie D’Amico, RN, MSN, CNS at **303-692-2957** for questions regarding School Law.

Thank you,
The Colorado Immunization Branch
303-692-2700

