

Official Colorado Certificate of Immunization for College or University



COLORADO
Department of Public Health & Environment

cdphe.colorado.gov/immunization/resources-for-child-care-schools-colleges/guidance-resources

This official certificate of immunization shall be: 1. Completed by a health care provider (licensed physician [MD, DO], advanced practice nurse [APN], physician assistant [PA]), public health official, or school health authority, or 2. Generated electronically from the Colorado Immunization Information System (CIIS). According to [6 CCR 1009-2](#), if the student provides an immunization record in any other format apart from this official certificate of immunization or a CDPHE approved alternate certificate of immunization, the school health authority must transfer the immunization record onto this form, and a signature is required. School immunization requirements are on Colorado's [college and university school-required immunization guidance and resources](#) webpage.

Student name: _____ Date of birth: _____ Student ID (if known) _____

Required immunizations	Immunization date(s)	MM/DD/YYYY	Titer date*	MM/DD/YYYY
MMR (measles, mumps, rubella)				
Measles ¹				
Mumps ¹				
Rubella ¹				
MCV4 ² (meningococcal ACWY)				

¹ Prior to school entry for those physically attending in-person, two valid doses of measles, mumps, and rubella (MMR) vaccine are required for students born on or after January 1, 1957. To exempt from receiving MMR vaccine, a Certificate of Exemption must be submitted to the college/university following guidance found at cdphe.colorado.gov/exemptions-to-school-required-vaccines.

² All new college or university students residing in student housing are required to review information concerning meningococcal disease and meningococcal vaccine. There are two ways to meet the meningococcal requirement:

1. Documentation of a meningococcal ACWY vaccine. Timing requirements for vaccine administration found on the [college/university webpage](#) OR
2. Signing the waiver found on page two of this document.

*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. If any single titer is negative, the student must be vaccinated with an age-appropriate MMR series with a minimum interval of four weeks, or provide the school with a Certificate of Exemption for the component(s) for which the titer is negative. More information on exemptions is available at cdphe.colorado.gov/exemptions-to-school-required-vaccines.

Recommended immunizations	Immunization date(s)	MM/DD/YYYY	Titer date†	MM/DD/YYYY
Tdap (tetanus, diphtheria, pertussis)				
Td (tetanus, diphtheria)				
IPV/OPV (polio)				
HepA (hepatitis A)				
HepB (hepatitis B)				
MenB (meningococcal B)				
HPV (human papillomavirus)				
Flu (influenza)				
COVID-19				
Varicella (chickenpox)			Varicella disease date: _____	Positive screen date: _____
Other				

† A positive laboratory titer report must be provided to document immunity. The shaded area in the titer date column indicates that a titer is not an acceptable alternative to the vaccine.

Official certificates of immunization generated by CIIS or a school or practitioner's Electronic Health Record do not require a signature. However, if a health care provider, public health official, or school health authority adds information to this form, electronically or by hand, they must sign it below.

Printed name: _____ Date: ____/____/____

Signature: _____ Title: _____

(Optional): For school use only: Schools may use this form or their own system to document verification that the student is in compliance with the immunization requirements to attend school.

This student is in compliance until ____/____/____ (specific date) or ____ - ____ (school year)

____ (staff name) _____ (staff title)

(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 or guardian or emancipated student (including those over 18 years old) Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's or your information from CIIS at any time. Go to cdphe.colorado.gov/ciis-opt-out-procedures to opt out of CIIS.

Meningococcal disease information and vaccine waiver

Colorado law [23-5-128, C.R.S.](#) requires all public or nonpublic postsecondary education institutions in Colorado to provide information concerning meningococcal disease and meningococcal vaccine to each new college or university student residing in student housing, or to the college or university student’s parent or legal guardian if the college or university student is under 18 years. “New student” means any incoming freshman student residing in student housing, as defined by the institution, or any student the institution requires to complete and return a standard immunization record indicating the vaccines received by the student, as a requirement for residing in student housing.

- Meningococcal disease is a serious disease and refers to any illness caused by bacteria called *Neisseriam meningitidis*. These illnesses are often severe, can be deadly, and include infections of the lining of the brain and spinal cord (meningitis) and sometimes the bloodstream.
- Even when treated with appropriate antibiotic therapy, meningococcal disease kills 10 to 15 out of 100 people who are infected. As many as 20% of survivors will have permanent conditions such as hearing loss, brain damage, kidney damage, amputations, nervous system problems, and scarring from skin grafts.
- Meningococcal disease is contagious, but largely preventable. Keeping up to date with recommended vaccines is one of the best ways to protect against meningococcal disease.
- While anyone can get meningococcal disease, new college and university students living in student housing are considered to have an increased risk for meningococcal disease.

There are two types of meningococcal vaccines available in the U.S.	
MCV4 (<i>vaccine or a signed waiver is required</i>)	MenB (<i>not required for school entry</i>)
<ul style="list-style-type: none"> • MCV4 or meningococcal ACWY vaccine can prevent four types of meningococcal disease and is routinely recommended for children and adolescents. • New college students living in residence halls must provide documentation of a MCV4 vaccine. Timing requirements for vaccine administration found on the college/university webpage. 	<ul style="list-style-type: none"> • Can prevent serogroup B meningococcal disease, which is relatively rare, though outbreaks have occurred at several U.S. colleges. • Health care providers, the student, and/or their parent(s) or guardian(s) should discuss the risk of the disease and weigh the benefits of vaccination.

- A vaccine, like any medicine, can cause mild side effects. If they occur, these symptoms usually get better on their own within a few days. Serious reactions are possible but rare. Getting a meningococcal vaccine is much safer than getting the disease. For more information, visit healthychildren.org/English/ages-stages/teen/Pages/Meningococcal-Disease-Information-for-Teens-and-College-Students-.aspx.

To get vaccinated against meningococcal disease or to discuss the benefits and risks of vaccination, students should talk with their health care provider. Visit cdphe.colorado.gov/immunizations/get-vaccinated for resources to locate vaccines.

New students living in residence halls who have **not** received the meningococcal ACWY vaccine, as specified on the [college/university webpage](#), and who choose not to be vaccinated, must check the box and sign below. By doing so, you are confirming that you have reviewed the information and chosen not to receive the vaccine to protect against meningococcal disease. A parent or guardian must sign if the student is under 18 years of age and not emancipated.

MCV4 (meningococcal ACWY) vaccine waiver	
<input type="checkbox"/> Check to indicate you have reviewed information on meningococcal disease and have decided the student named below will not receive meningococcal ACWY vaccine to protect against meningococcal disease.	
Date: ___/___/_____	
Parent, guardian, or student (if emancipated or 18 and older) signature: _____	
Printed name of the student: _____	Student’s date of birth: ___/___/_____