



Immunization Certificate of Medical Exemption

cdphe.colorado.gov/immunization

Colorado law C.R.S. § [25-4-902](#) requires students attending school in Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule [6 CCR 1009-2](#), unless a medical or nonmedical exemption is on file at the school. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, Head Start programs, and licensed child care facilities including child care centers, school-age child care centers, preschools, day camps, children’s resident camps, day treatment centers, family child care homes, and foster care homes. The Certificate of Medical Exemption is to be submitted to the school once for permanent conditions. Medical exemptions for temporary conditions expire after the “temporary until” date has elapsed, which is determined by the provider who signs the form. This expiration date shall be monitored by the school to determine when the student is eligible to receive the required vaccine(s). Students with an exemption on file may be kept out of child care or school during a disease outbreak. The length of time will vary depending on the type of disease and the circumstances of the outbreak, including when one person at the school or child care is diagnosed with measles.

Complete all required fields as indicated by an asterisk (*) below, and obtain all required signatures. Incomplete forms will not be accepted.

Student information:

*Last name:	*First name:	Middle name:
*Date of birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X

Parent/guardian information: Check if the student is over 18 years old or emancipated

If over 18 years of age or emancipated, no parent/guardian information is required.

*Last name:	*First name:	Middle name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian		

School/licensed child care facility information:

*School name/licensed child care facility:		
School district: <input type="checkbox"/> Check if not applicable		
*Address:		
*City:	*State:	*Zip code:

*Vaccine exemption(s) – Health care providers, complete the table below.

Vaccine	Permanent exemption [†]	Temporary exemption [†]	Expiration date for temporary exemption
Hepatitis B (HepB)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
<i>Haemophilus influenzae</i> type b (Hib)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Inactivated poliovirus (IPV)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Pneumococcal conjugate (PCV)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Measles, mumps, rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Varicella (chickenpox)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___
Tetanus, diphtheria (Td, Dt)	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___

[†]Refer to Colorado’s [contraindications and precautions to school-required vaccines](#) guidance document to determine if a medical exemption is appropriate.

Statement of medical exemption

I have referred to Colorado’s contraindications and precautions guidance document, and the physical condition of the above named student is such that receipt of the vaccine(s) specified in the table above would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

*Required: Print name, title, and signature: _____ *Date: _____ Advanced practice nurse (APN), physician (MD, DO), or physician assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)
*Required: _____ *Required: Professional license number: _____ (U.S. state or territory)

Do not use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), respiratory syncytial virus (RSV), and rotavirus (RV).

Under Colorado law, you have the option to exclude your child’s/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.