

# CERTIFICATE OF IMMUNIZATION - COLLEGE/UNIVERSITY

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**  
Department of Public  
Health & Environment

This form is to be completed by health care providers or their designated staff, and signed by a health care provider (physician (MD, DO), advanced practice nurse (APN), delegated physician's assistant (PA)). If the student provides an immunization record in any other format, the school health authority must transcribe the record on to this form.

Student name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## Required vaccines

	Immunization date(s)		Titer date*
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
MMR Measles, Mumps, Rubella			
Measles <sup>1</sup>			
Mumps <sup>1</sup>			
Rubella <sup>1</sup>			
Men ACWY <sup>2</sup> Meningococcal ACWY			

<sup>1</sup>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, submit to the institute an exemption following guidance on the website: [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption).

<sup>2</sup>There are two ways to meet the Men ACWY requirement:  
 1. Documentation of a Meningococcal ACWY vaccine within the last five years OR  
 2. A new student living in student housing must read and sign the waiver on page 2 of this document.

## Recommended vaccines

	Immunization date(s)						Titer date*
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
IPV/OPV Polio							
Hep A Hepatitis A							
Hep B Hepatitis B							
Men B Meningococcal B							
HPV Human Papillomavirus							
Flu Influenza							
Varicella Chickenpox				Varicella disease date:		Positive screen date:	
Other							

\* A positive laboratory titer report must be provided to document immunity.

\* The shaded area under "titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Health care provider signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_ Date: \_\_\_\_\_

(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/Guardian/Student (emancipated or 18+ years of age) signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Meningococcal Disease Information and Vaccine Waiver

Colorado law, Section 23-5-128, C.R.S., requires all public or nonpublic postsecondary education institutions in Colorado to provide information about meningococcal disease to new students. 'New students' 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. *If the student is under 18 years of age, the student's parent/guardian must be given this information.*

- **Meningococcal disease is a serious disease** caused by a bacteria.
- **Meningococcal disease is a contagious, but largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain.** Meningococcal disease can also cause blood infections.
- Even when treated, meningococcal disease kills 10 to 15 infected people out of 100. Of those who live, about 10 to 20 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems and scarring from skin grafts.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. **Scientific evidence suggests college/university students living in residence hall facilities are at a modestly increased risk of contracting meningococcal disease.**
- **Immunization against meningococcal disease decreases the risk of contracting the disease.** Meningococcal vaccine (MenACWY) can prevent four types of meningococcal disease; these include two of the most common in the United States. MenACWY does not prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
  - A vaccine, like any medicine, can cause side effects that can be as severe as allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. **Getting a meningococcal vaccine is much safer than getting the disease.**
  - More information can be obtained from the Vaccine Information Statement available at <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>. Students and their parents should discuss benefits and risks of vaccination with their health care provider.

To receive the MenACWY vaccine against meningococcal disease, students should check with their health care provider or local public health agency (LPHA). A list of LPHAs in Colorado can be found at <https://www.colorado.gov/pacific/cdphe-lpha>. Your institution may also offer the vaccine through its student health services. In addition to the MenACWY vaccine, it is recommended that students receive the meningococcal B vaccine: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>.

New students who have not received a MenACWY vaccine against meningococcal disease within the last 5 years or their parents/guardians (if under 18 years of age) must check the box and sign below to indicate they have reviewed this information and decided the student will not obtain a vaccine against meningococcal disease.

## Meningococcal Vaccine (MenACWY) Waiver

Check to indicate you have reviewed the information on meningococcal disease and have decided the student will not obtain the MenACWY vaccine that protects against meningococcal disease.

Date: \_\_\_\_\_

Parent/guardian/student (emancipated or 18+ years of age) signature: \_\_\_\_\_

Print name of student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_