

# COLORADO MOUNTAIN RANCH: 2018 Day Camp | IMMUNIZATION RECORD

THIS FORM IS NOT DUE WITH REGISTRATION, BUT MUST BE TURNED IN ONE WEEK BEFORE FIRST DAY OF CAMP

CAMPER'S NAME \_\_\_\_\_

**COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

Vaccine	Enter complete date each immunization was given					
Hep B	Hepatitis B					
DTaP/Tdap	Diphtheria, Tetanus, Pertussis					
DT/Td	Tetanus, Diphtheria					
Hib	<i>Haemophilus influenzae</i> type b					
IPV/OPV	Polio					
PCV7	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox			Healthcare Provider Documentation Date _____		Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

To the best of my knowledge, the person named above has received the above immunizations.

**DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse, or school health authority)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.  
 SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.  
**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):  
 La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

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**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.  
**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):  
 Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

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**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.  
**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):  
 Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
 (Padre, tutor, estudiante emancipado o consentimiento del menor)

CDPHE-IMM CI RCR Rev. 8/07