

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)

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)

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