Immunization

Certificate of Nonmedical 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. "Nonmedical exemption" means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Certificates of Nonmedical Exemption expire and need to be renewed on a regular basis. More details may be found on the I want to obtain a Certificate of Nonmedical Exemption webpage. 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: ☐ Female ☐ Male ☐ 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: ☐ Mother ☐ Father ☐ Legal guardian		Email:

School/licensed child care facility information:

*School name/licensed child care facility name:		
School district:		☐ Check if not applicable
*Address:		
*City:	*State:	*Zip code:

*Vaccine exemption(s) — Health care providers, place an "X" next to each school-required vaccine the student is exempting from.

	Diphtheria, tetanus, pertussis (DTaP)		Inactivated poliovirus (IPV)
	Tetanus, diphtheria, pertussis (Tdap)		Measles, mumps, rubella (MMR)
	Haemophilus influenzae type b (Hib)		Pneumococcal conjugate (PCV)
	Hepatitis B (HepB)		Varicella (chickenpox)

Statement of exemption

I am the parent/guardian of the above-named student or am the student themself (emancipated or over 18 years of age) and am claiming a nonmedical exemption from the vaccine(s) indicated above. The information I have provided on this form is complete and accurate. I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, https://childvaccineco.org, and, healthychildren.org for additional information on the benefits and risks of vaccines and the diseases they prevent. I can contact the Colorado Immunization Information System (CIIS) at www.covaxrecords.org or my health care provider to locate my child's/my immunization record.[1]

Required signature:_____Date:_____

Parent/legal guardian/student (Over 18 years old or emancipated)

☐ Check if completed during the school's designated early registration period for the upcoming school year.

Required health care provider signature section:

***Required: Print name, title, and signature:_____ Date: _____**
Advanced practice nurse (APN), pharmacist, physician (MD, DO), registered nurse (RN), physician assistant (PA), (authorized pursuant to section 12-240-107 (6), C.R.S.)
***Required: Colorado professional license number: _____**

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).

[1] Under Colorado law, you have the option to exclude your child's/your information from CIIS at any time. To opt out of CIIS, go to cdphe.colorado.gov/ciis-opt-out-procedures.‡

‡Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.