



# Notice of Exclusion

## Immunization Record Needed for Child Care or School Attendance

To the parent/guardian of: \_\_\_\_\_

Your student listed above is not up-to-date with required school immunizations and **cannot attend** this school/child care until a completed immunization record is received (according to Colorado Immunization Law). The exclusion date will be enforced on: \_\_\_\_\_. Please contact your health care provider or your county's local public health department at: \_\_\_\_\_ to obtain the required school immunization(s).

**The following shot(s) is/are needed:**

- |  |  |
|--|--|
| _____DTaP (Diphtheria/Tetanus/Pertussis) | _____Hib ( <i>Haemophilus influenzae</i> type b) |
| _____Tdap (Tetanus/Diphtheria/Pertussis) | _____PCV13 (Pneumococcal Conjugate)              |
| _____Td (Tetanus/Diphtheria)             | _____Hep B (Hepatitis B)                         |
| _____IPV (polio)                         | _____Varicella * (Chickenpox)                    |
| _____MMR (Measles, Mumps, Rubella)       |  |

\* All reporting of Chickenpox disease must be documented by a health care provider (MD, DO, APN - Advanced Practice Nurse or PA- Physician's Assistant).

**Please note** If your child cannot receive an immunization for *medical reasons*, an MD, DO, APN or delegated PA must sign a Medical Exemption. Colorado also allows parents to submit a Non-Medical exemption (religious or personal belief) with a parent/guardian signature. Please go to [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption) to obtain an exemption form and for guidance on the frequency of submission of exemptions.

School Representative: \_\_\_\_\_ Date: \_\_\_\_\_

School or Child Care: \_\_\_\_\_ Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Method of Notification to parent/guardian: \_\_\_\_\_ Phone \_\_\_\_\_ Mail \_\_\_\_\_ In Person \_\_\_\_\_ Email \_\_\_\_\_

If this box is marked, more than one dose of an immunization noted above is needed and the plan below must be completed by a health care provider. It must also be signed by you and returned to the school by the due date above. As shots are given to your student, please submit the immunization record to the school. This plan will be in-process until the immunization record is completed.

Vaccine	Health Care Provider		Due to Be Recieved				
	If you need a referral to a health care provider, call 1-800-688-7777		Schedule must follow medically recommended intervals consistent with the Advisory Committee on Immunization Practices (ACIP)				
DTaP	Name:	Phone:	Date:	Date:	Date:	Date:	Date:
Tdap	Name:	Phone:	Date:				
Td	Name:	Phone:	Date:	Date:	Date:	Date:	
Polio	Name:	Phone:	Date:	Date:	Date:	Date:	
MMR	Name:	Phone:	Date:		Date:		
Hib	Name:	Phone:	Date:	Date:	Date:		
PCV13	Name:	Phone:	Date:	Date:	Date:	Date:	
Hepatitis B	Name:	Phone:	Date:	Date:	Date:		
Varicella	Name:	Phone:	Date:		Date:		

I agree to the above plan for receiving the required shots & submitting the records to the child care or school.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/guardian of the child or emancipated child listed above

Dear Health Care Provider,

The Colorado Board of Health (CBOH) incorporates by reference the Advisory Committee on Immunization Practices (ACIP) immunization schedule. Colorado child cares and schools can only accept immunizations as valid if they meet both the **minimum age and minimum intervals** as defined by ACIP: [ACIP Immunization Schedules for Persons Aged 0 Through 18 Years of Age](#)

There are 3 ways a school/student can meet the compliance requirements directed by the Colorado Board of Health rule:

1. **A student is considered fully immunized if they have received school-required immunizations according to the ACIP schedule: DTaP, Tdap, IPV, Hep B, MMR, Varicella, Hib, PCV13.** (Note: Students entering Kindergarten are required to receive their final doses of DTaP, IPV, MMR and Varicella. Students entering 6<sup>th</sup> grade, regardless of age, are required to receive Tdap) OR
2. **A student is “in-process” of getting up-to-date on required immunizations** (a written plan is provided to the school by the parent) OR
3. **The student’s parent/guardian has submitted a signed non-medical exemption** (based on religious or personal belief) **or the health care provider (MD, DO, APN or delegated PA) has signed a medical exemption** due to a condition that precludes a patient receiving vaccine(s).

If students do not meet one or more of the above compliance criteria, they are not permitted to attend school as stated in the School Immunization Law and the Colorado Board of Health Rules. If you have questions about the student’s school immunization requirement, please communicate with the student’s school nurse/school representative.

It is strongly recommended that additional vaccines that are recommended but not required be administered to best protect the student from vaccine preventable diseases (i.e., MenACWY, HPV, etc.).

If you have questions about the ACIP immunization schedule, or a dose of vaccine that is marked as invalid in your patient’s immunization record, the Colorado Immunization Branch provides a **Nurse on-call Monday through Friday, 8:30 a.m. through 5 p.m. at 303-692-2700**. Additionally, there are reliable resources where you can search for answers to specific immunization questions that may arise:

**Centers for Disease Control and Prevention (CDC) Vaccines & Immunizations**

<http://www.cdc.gov/vaccines/default.htm>

**CDC’s 13<sup>th</sup> edition of the Epidemiology & Prevention of Vaccine-Preventable Diseases**

<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

**The Immunization Action Coalition: Ask the Experts**

<http://www.immunize.org/askexperts/>

**To communicate with the CDC Experts at the National Immunization Program**

[nipinfo@cdc.gov](mailto:nipinfo@cdc.gov) or 1-800-CDC-Info (1-800-232-4636)

Please contact Jamie D’Amico, RN, MSN, CNS at **303-692-2957** for questions regarding School Law.

Thank you,  
The Colorado Immunization Branch  
303-692-2700