



Youth Conservation Camp 2018 Immunization Form

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE CAMP						
Name _____			Date of Birth _____			
Parent/Guardian _____						
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION						
VACCINE		Enter date each immunization was given				
DTP/DTaP	Diphtheria-Tetanus-Pertussis <small>(see footnote "c" below)</small>					
Td/DT	Tetanus-Diphtheria					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					Required for children < 5 yrs. of age. See footnote "j" below.
Measles	Measles					Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio and hepatitis B is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.
Mumps	Mumps					
Rubella	Rubella					
HB	Hepatitis B					
Varicella	Chickenpox					History of disease. Yes _____ year (optional) _____ <small>(See footnote "e" below)</small>
Other						
To the best of my knowledge, the person named above has received the above immunizations.						
DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET						
Signed _____		Title _____		Date _____		
<small>(Physician, nurse or school health authority)</small>						

Name _____		Date of Birth _____	
STATEMENT OF EXEMPTION TO IMMUNIZATION LAW			
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.			
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.			
<i>Medical exemption to the following vaccine(s).</i>			
Signed _____		Date _____	
<small>(Physician)</small>			
Optional to list: _____			
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.			
<i>Religious exemption to the following vaccine(s).</i>			
Signed _____		Date _____	
<small>(Parent, guardian, emancipated student/consenting minor)</small>			
Optional to list: _____			
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.			
<i>Personal exemption to the following vaccine(s).</i>			
Signed _____		Date _____	
<small>(Parent, guardian, emancipated student/consenting minor)</small>			
Optional to list: _____			
<small>CDPHE-PSD-IMM 67375B14-RC10 7/02</small>			
<small>Revised July 2002</small>			