

# Official Colorado Certificate of Immunization

<https://cdphe.colorado.gov/immunization-requirements-school-entry>



**COLORADO**  
Department of Public  
Health & Environment

This official certificate of immunization shall be: 1. Completed by a health care provider (licensed physician [MD, DO], advanced practice nurse [APN], physician assistant [PA]), public health official, or school health authority, or 2. Generated electronically from the Colorado Immunization Information System (CIIS). According to [6 CCR 1009-2](#), if the student provides an immunization record in any other format apart from this official certificate of immunization or a CDPHE approved alternate certificate of immunization, the school health authority must transfer the immunization record onto this form, and a signature is required. School-required immunization requirements are on Colorado's [immunization requirements for school entry](#) webpage.

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent or guardian name (only if student is under 18 years of age and not emancipated): \_\_\_\_\_

Required immunizations	Immunization date(s) MM/DD/YYYY						Titer date* MM/DD/YYYY
HepB (hepatitis B)							
DTaP (diphtheria, tetanus, pertussis)							
Tdap (tetanus, diphtheria, pertussis)							
Td (tetanus, diphtheria) †							
Hib ( <i>Haemophilus influenzae</i> type b)							
IPV/OPV (polio)							
PCV (pneumococcal conjugate)							
MMR (measles, mumps, rubella)							
Measles ‡							
Mumps ‡							
Rubella ‡							
Varicella (chickenpox)							
Varicella - date of disease							
			Varicella - positive screen date				*The shaded area under "titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule [6 CCR 1009-2](#).

† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.

‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended immunizations	Immunization date(s) MM/DD/YYYY					
RSV (respiratory syncytial virus)						
HPV (human papillomavirus)						
RV (rotavirus)						
MCV4 (meningococcal ACWY)						
MenB (meningococcal B)						
HepA (hepatitis A)						
Flu (influenza)						
COVID-19						
Other						

Official certificates of immunization generated by CIIS or a school or practitioner's Electronic Health Record do not require a signature. However, if a health care provider, public health official, or school health authority adds information to this form, electronically or by hand, they must sign it below.

Printed name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**(Optional):** For school use only: Schools may use this form or their own system to document verification that the student is in compliance with the immunization requirements to attend school.  
 This student is in compliance until \_\_\_\_/\_\_\_\_/\_\_\_\_ (specific date) or \_\_\_\_-\_\_\_\_ (school year) or \_\_\_\_ (grade)  
 \_\_\_\_\_ (staff name) \_\_\_\_\_ (staff title)

**(Optional):** I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.  
 Parent or guardian or emancipated student (including those over 18 years old) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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