

# STATE OF COLORADO

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Dedicated to protecting and improving the health and environment of the people of Colorado

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Colorado Department  
of Public Health  
and Environment

December 2013

Dear Parents of Students in Colorado Child Cares and Preschools (School Year 2014-15);

Immunizations are an important part of our children's health care and Colorado law requires that children going to school be vaccinated to prevent vaccine-preventable disease. The purpose of this letter is to let you know which vaccines are **required** for school attendance and which vaccines are **recommended** for best protection against vaccine-preventable disease (see chart on second page).

As a parent, it is important to know that in addition to the vaccines **required** by the state of Colorado Board of Health for school entry, there are vaccines that are **recommended** by the Advisory Committee on Immunization Practices (ACIP). This is the immunization schedule that will best protect your child from even more vaccine-preventable diseases.

Parents often have concerns or want more information about children's immunizations and vaccine safety. A resource developed for parents with frequently asked questions about the safety and importance of vaccines can be located at: [www.ImmunizeForGood.com](http://www.ImmunizeForGood.com) The Colorado Immunization Section's website is located at: [www.ColoradoImmunizations.com](http://www.ColoradoImmunizations.com).

Child Cares and Preschools work hard to ensure compliance with the immunization laws. Your help in providing updated immunization records at school registration and when your child receives additional vaccine(s) is greatly appreciated. *Please discuss your child's vaccination needs with your child's doctor or local public health agency. (To find your local public health department's contact information call the Family Health Line at 1-303-692-2229 or 1-800-688-7777). Please bring your child's updated immunization records to the school each time your child receives an immunization.*

Sincerely,

Colorado Immunization Section  
Colorado Department of Public Health and Environment  
303-692-2700

**MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**  
**Child Care through Preschool, 2014-15 Required for Attendance**

DISEASE/VACCINE	LEVEL OF SCHOOL/AGE OF CHILD							
	Child Care							Preschool
	2-3 mos.	4-5 mos.	6-7 mos.	8-11 mos.	12-14 mos.	15-18 mos.	19-23 mos.	2-4 years
	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>							
<b>Pertussis</b>	1	2	3			4		
<b>Tetanus/Diphtheria</b>	1	2	3			4		
<b>Polio:</b> <i>A laboratory test showing immunity is acceptable.</i>	1	2	3					
<b>Haemophilus influenzae type B (Hib):</b> If any dose is given at or over 15 months of age, the requirement is met. If a child begins the series before 12 months of age, 3 doses are required, of which 1 dose must be administered at 12 months of age or older. If the 1 <sup>st</sup> dose was given at 12 to 14 months of age, 2 doses are required. No new or additional doses are required when the child turns 5 years of age.	1	2	2	3/2	4/3/2	4/3/2/1	4/3/2/1	4/3/2/1
<b>Measles/Mumps/Rubella (MMR):</b> The 1 <sup>st</sup> dose will not be counted as valid if given more than 4 days before 1 <sup>st</sup> birthday.					1			
<b>Hepatitis B:</b> The 2 <sup>nd</sup> dose must be administered at least 4 weeks after the 1 <sup>st</sup> dose. The 3 <sup>rd</sup> dose must be administered at least 16 weeks after the 1 <sup>st</sup> dose and at least 8 weeks after the 2 <sup>nd</sup> dose. The final dose is to be administered no sooner than 24 weeks or 6 months of age. (A child who has not received 3 doses by 7/1/09 is required to follow these minimum intervals). <i>A laboratory test showing immunity is acceptable.</i>	1	2	3					
<b>Chicken Pox (Varicella):</b> The 1 <sup>st</sup> dose cannot be counted as valid if given more than 4 days before the 1 <sup>st</sup> birthday. Documentation of the disease can be provided by a health care provider (MD, DO, RN, PA). <i>A laboratory test showing immunity is acceptable.</i>					1			
<b>Pneumococcal Disease (Pnevnar/PCV):</b> If 1 <sup>st</sup> dose started before 6 months of age, 3 doses, two months apart required, with an additional dose at 12 to 15 months of age. (If 3 <sup>rd</sup> dose is given on, or after, the 1 <sup>st</sup> birthday, the 4 <sup>th</sup> dose is not required). If 1 <sup>st</sup> dose is given at 7 to 11 months of age, 2 doses are required, 2 months apart, with an additional dose between 12 to 15 months of age. Any doses given between 2 to 4 years of age, the requirement is met. No new or additional doses are required when child turns 5 years of age.	1	2	3/2			4/3/2/1		

**“RECOMMENDED” VACCINES FOR THE BEST PROTECTION AGAINST**  
**VACCINE-PREVENTABLE DISEASE (not required)**

VACCINE/DISEASE	LEVEL OF SCHOOL/AGE OF CHILD	
	Child Care	Preschool
Influenza (Flu)	Flu vaccine is recommended for individuals 6 months of age and older to prevent respiratory illness, and sometimes death, caused by the flu virus.	
Hepatitis A (Hep A)	2 doses of this vaccine prevent the disease that can affect the liver causing fever, fatigue, loss of appetite, stomach pain, vomiting, and in rare cases, death.	
Rotavirus (Rota)	3 doses of the vaccine are recommended for children (2 to 8 months of age) and protects against an illness that can cause fever, irritability, vomiting, and diarrhea.	

An excellent parent website has been developed to assist you in learning about vaccine safety, as well as, general vaccine recommendations for the prevention of disease: [www.ImmunizeForGood.com](http://www.ImmunizeForGood.com)

**You must provide one of the following to your child's school in order to comply with the law:**

1. A completed Certificate of Immunization certifying that the student has received minimum immunizations, as indicated above.
2. If a student's Certificate of Immunization is not up to date, the parent, guardian, or emancipated student has 14 days after notification to provide documentation that the next required immunization was administered, and submit a written plan for completion of any additional required immunizations. If the plan is not completed, the student shall be expelled or suspended from school for non-compliance. Exception to this is a shortage of vaccine.
3. Statement of Exemption to Immunization Law printed on the reverse side of the Colorado Department of Public Health and Environment Certificate of Immunization:
  - a) a medical exemption signed by licensed physician stating that the student's physical condition is such that immunizations would endanger life or health or is otherwise medically contraindicated; or
  - b) a religious exemption signed by the parent, guardian, or emancipated student that the student adheres to a religious belief opposed to immunizations; or
  - c) a personal exemption signed by the parent, guardian, or emancipated student that the student adheres to a personal belief opposed to immunizations.

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902.



**Health Questionnaire**  
**Woodland Park School District RE2**  
**ALL STUDENTS RETURNING OR NEW TO THE DISTRICT MUST COMPLETE THIS FORM**

Has your child attended school in Woodland Park School District in the past? Yes  No   
When was the last year your child attended school here? \_\_\_\_\_ What Grade? \_\_\_\_\_

\_\_\_\_\_  
Student's Name  M  F Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Today's Date \_\_\_\_\_

**Health Concerns (Please check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Convulsive Disorder             | <input type="checkbox"/> Heart Condition         |
| <input type="checkbox"/> Bone/Joint Disease              | <input type="checkbox"/> Diabetes                |
| <input type="checkbox"/> Tuberculosis                    | <input type="checkbox"/> Ulcer/Stomach Problems  |
| <input type="checkbox"/> Rheumatic fever                 | <input type="checkbox"/> Hearing Problem         |
| <input type="checkbox"/> Speech Problems                 | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Dental Problems                 | <input type="checkbox"/> Wears Glasses/Contacts  |
| <input type="checkbox"/> Vision Problems                 | <input type="checkbox"/> Allergies [PLEASE LIST] |
| <input type="checkbox"/> Asthma [diagnosed by doctor]    | _____  |
| <input type="checkbox"/> Frequent Headaches              | _____  |
| <input type="checkbox"/> Migraines [diagnosed by doctor] | _____  |

If your child has any of the above health conditions or any other physical or emotional health concerns such as ADHD, ADD, Bipolar Disorder etc. not listed above, please describe below:

Is your child taking any medications [prescription or over-the-counter]?  Yes  NO  
Name any medication[s] and what they are prescribed for:

Does this medication need to be given at school  Yes  No

[IF YES PLEASE REQUEST A PERMISSION FORM REQUIRED FOR MEDICATIONS AT SCHOOL]

Please initial here if your child can be given or offered sunscreen by school personnel: \_\_\_\_\_

List any recent immunization booster [s] and date[s] received: \_\_\_\_\_

Has your child had Chicken Pox?  Yes  No If yes, please indicate date: \_\_\_\_\_

Has your child received the Chicken Pox {Varicella} Vaccine?  Yes  No

Has your child had any serious illnesses, operations or injuries?  Yes  No

If yes, please indicate date and describe:

Does your child have any requirements for special attention at school because of health problems [diet, limited activities, etc.]?  Yes  No

If yes, please describe:

**THE SCHOOL HAS MY PERMISSION TO RELEASE PERTINENT MEDICAL INFORMATION TO APPROPRIATE PERSONNEL**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EMERGENCY NUMBER

**\*\*EMERGENCY MEDICAL PERMISSION: In the event that neither parent/legal guardian can be reached, a representative of the school has my permission to seek emergency medical treatment for my child.  YES  NO**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date