

KINDERGARTEN THROUGH 12TH GRADE IMMUNIZATION CHART
REQUIRED VACCINES FOR SCHOOL ATTENDANCE 2022-23

RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE-
PREVENTABLE DISEASE

VACCINE	Number of Doses	Grades K-12 (4-18+ Years of Age)
Diphtheria/Tetanus/ Pertussis (DTaP) <i>Only licensed through 6 yrs of age.</i>	4 to 5	5 DTaP doses unless dose 4 is given on or after the 4 th birthday. Final dose of DTaP is to be given on or after the 4 th birthday. 3 doses of tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap) are required, or 4 doses required if 1 st dose of DTaP is given before 1 year of age. Students, ages 7-10 yrs that did not complete a series of pertussis-containing vaccine before their seventh birthday should receive a single dose of Tdap. If needed, they are to complete their series with Td or Tdap. An additional Tdap is required at 6 th grade entry regardless of when the previous dose of Tdap was given and the student is at least 10 years of age.
Tetanus/Diphtheria/ Pertussis (Tdap) <i>For students 7 years of age or older.</i> <i>One dose of Tdap is required for students in 6th through 12th grades</i>	3 or 4	4 IPV doses unless 3 rd dose is given on or after 4 th birthday. Final dose of IPV is to be given on or after the 4 th birthday.
Polio (IPV) <i>With a combination of OPV & IPV, will need a series of 4 doses.</i>	3 to 4	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 valid doses are required for students entering Kindergarten & through 12 th grade.
Measles/Mumps/Rubella (MMR) <i>If 2 live vaccines are not given on the same day, there must be a 28 day interval between the 2 doses.</i>	2	The 1 st dose is not valid if administered more than 4 days before the 1 st birthday. 2 doses are required for students entering Kindergarten & through 12 th grade. Note: no vaccine required if there is laboratory documentation of chickenpox disease or a disease screening performed by a healthcare provider.
Varicella (Chickenpox) <i>If 2 live vaccines are not given on the same day, there must be a 28 day interval between the 2 doses.</i>	2	The 2 nd dose must be administered at least 4 weeks after the first dose. The 3 rd dose must be administered at least 16 weeks after the 1 st dose, at least 8 weeks after the 2 nd dose, and the final dose must be administered no earlier than 24 weeks of age. Note: there is a 2-dose series for ages 11-15 years that uses a specific adult vaccine.
Hepatitis B <i>Administration of 4 doses is permitted when a combination vaccine containing HepB is used after the birth dose.</i>	3 or 4	

VACCINE	Number of Doses	Grades K-12 (4-18+ Years of Age)
Influenza (Flu)	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. (Recommended for all children 6 months of age and older).
Meningococcal ACWY (MenACWY)	2 doses	Adolescents 11-18 years of age (11-12, 16-18)
Serogroup B Meningococcal (MenB)	2 doses	Adolescents 16-18 years of age
Human Papillomavirus (9vHPV)	2 to 3	Adolescents 11-18 years of age Series initiation age 9-14 – two doses 6-12 mos apart Series initiation 15+ - three doses 0, 1-2 mos and 6 mos
Hepatitis A (Hep A)	2	All children 1 year of age and older, minimum interval of 6 months between doses.

Immunization requirements are strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes § 25-4-902. There are three ways to be in compliance with the school immunization law:

1. Student's immunization record shows they are fully immunized with required vaccines.
A laboratory report for some vaccines or diseases showing immunity is also acceptable.
2. For students who are not up to date on required vaccines, the school will notify the parent/guardian that the student has 14 days to receive the required vaccine(s).
Parents are to provide a written plan for the remaining vaccines following the minimum intervals of the Advisory Committee on Immunization Practices (ACIP) schedule. If the plan is not followed, the student shall be excluded from school for non-compliance.
3. Submission of a Certificate of Medical Exemption signed by a healthcare provider, (MD, DO, APN, PA) or a Certificate of Nonmedical Exemption signed by an immunizing healthcare provider or obtained after the completion of COPHE's online immunization education module. Visit www.colorado.gov/vaccineexemption.

Please refer to the ACIP Immunization Schedule, Table 1, 2 and notes:
cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-comb-schedule.pdf
Last Reviewed 9/2022

Nonmedical Exemptions for Immunizations

There are **two** ways to submit a nonmedical exemption.

Be sure to check with your student's school, childcare or college/university to find out if they need a printed copy of the Certificate of nonmedical exemption. If you submit to CIIS, the school can access the exemption information in CIIS, but cannot access the completed Certificate of nonmedical exemption.

1. Submit the Certificate of nonmedical exemption **WITH** a signature from an immunizing provider in Colorado who is a medical doctor, Doctor of Osteopathic Medicine, advanced practice nurse, delegated physician's assistant, registered nurse, or pharmacist.

OR

2. Submit the Certificate of nonmedical exemption received upon the completion of CDPHE's Online Immunization Education Module which can be found at: cdphe.colorado.gov/vaccine-exemptions.
 - Per Colorado Revised Statutes 25-4-2403, immunizing providers who sign the Certificate of Nonmedical Exemption must submit nonmedical exemption data to CIIS (Colorado Immunization Information System).
 - Parents of students in preschool or childcare must submit nonmedical exemptions at 2, 4, 6, 12 and 18 months of age. These exemptions expire when the next vaccines are due or when the child enrolls in kindergarten.
 - **Parents of students in grades K-12 claiming a nonmedical exemption must submit one annually. Nonmedical exemptions expire June 30th each year.** If you submit a Certificate of nonmedical exemption on or before June 30th, it will not be valid for the upcoming school year unless you submit the exemption during early registration.



Immunization

Certificate of Nonmedical Exemption

cdphe.colorado.gov/immunization

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health Rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12th grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. "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. Prior to kindergarten, the Certificate of Nonmedical Exemption must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices (ACIP).^{1,2} From kindergarten through 12th grade, the Certificate of Nonmedical Exemption must be filed every year during the student's school enrollment/registration process.¹ Students with an immunization exemption on file may be kept out of a child care facility or school during a disease outbreak. The length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Complete all required fields as indicated by an asterisk* below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows for us to process this exemption in a more expedited manner and to contact you should questions arise.

Student Information:

*Last Name:	*First Name:	Middle Name:
*Date of Birth:	Email:	*Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X

Parent/Guardian Completing This Form: Check if an emancipated student or student over 18 years old

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to cdphe.ciis@state.co.us

*Last Name:	*First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
*Address:		
*City:	*State:	*Zip Code:

*Required Vaccines for School Entry - Place an "X" next to each vaccine for which you are claiming a nonmedical exemption.

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

Statement of Exemption

I am the parent/guardian of the above-named student or am the student myself (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 www.immunizeforgood.com/ 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.³

*REQUIRED: Signature: _____ Date: _____
Parent/Legal Guardian/Student (emancipated or over 18 years old)

REQUIRED Provider Signature Section:

*REQUIRED: Print Name, Title, and Signature: _____ Date: _____ <small>Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, Registered Nurse (RN) or Pharmacist (authorized pursuant to section 12-240-107 (6), C.R.S.)</small>
*REQUIRED: Colorado professional license number: _____ <input type="checkbox"/> Check if completed during the school's designated early registration period for the upcoming school year.

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), and rotavirus (RV).

¹ Colorado Board of Health Rule 6 CCR 1009-2: <https://cdphe.colorado.gov/schoolrequiredvaccine>
² Recommended Immunizations from Birth through 6 Years Old: www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf. Based on this schedule, a Certificate of Exemption would be submitted at 2 months, 4 months, 6 months, 12 months, and 18 months of age.
³ 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 www.colorado.gov/cdphe/ciis-opt-out-procedures.
⁴ Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.