



Immunization Medical Exemption Form

Colorado Springs School District 11
Board of Education Policy
JLCB-E-6, Medical Exemption Form
Adopted December 14, 2016

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 official exemption form is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Students with a recorded immunization exemption 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 disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Student Information:

| | | |
|---|---|--------------------------|
| Last Name: | First Name: | (optional) Middle Name: |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth: | |
| Street #: | Street Name: | Street Type (e.g. Ave.): |
| Unit #: | P.O. Box: | |
| City: | State: CO | Zip Code: |
| Email Address: | County: | |
| Phone Number: | <input type="checkbox"/> Home <input type="checkbox"/> Cell | |

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

| | | |
|--|---|--------------------------|
| Last Name: | First Name: | (optional) Middle Name: |
| Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian | | |
| Street #: | Street Name: | Street Type (e.g. Ave.): |
| Unit #: | P.O. Box: | |
| City: | State: CO | Zip Code: |
| Email Address: | County: | |
| Phone Number: | <input type="checkbox"/> Home <input type="checkbox"/> Cell | |

School/Licensed Child Care Facility Information:

| | | |
|---|-------------------|--|
| School Name/Licensed Child Care Facility: | | |
| School District: | | <input type="checkbox"/> Check if Not Applicable |
| Address: | | |
| City: | State: CO | Zip Code: |
| Phone Number: | Grade of Student: | |

| Required Vaccines for Entering School: (Check each vaccine declined) | List medical contraindication(s) for each vaccine declined |
|--|--|
| <input type="checkbox"/> Hepatitis B | |
| <input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap) | |
| <input type="checkbox"/> Haemophilus influenza type b (Hib) | |
| <input type="checkbox"/> Inactivated poliovirus (IPV) | |
| <input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23) | |
| <input type="checkbox"/> Measles-mumps-rubella (MMR) | |
| <input type="checkbox"/> Varicella (chickenpox) | |

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions.

Physician/Advanced Practice Nurse/delegated Physician Assistant Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's/your information from CIIS. To opt out of CIIS, go to: www.colorado.gov/cdphe/ciis-opt-out-procedures. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.