

Certificate of Nonmedical Exemption

Colorado law C.R.S. 25-4-902 requires students attending school in Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule6 CCR 1009-2, unless an exemption is on file at the school.

This law applies to students attending schools, which include public, private, and parochial kindergarten, elementary and secondary schools through 12th grade; all child care facilities licensed by the State of Colorado, including: child care centers, school-age child care centers, preschools, day camps, children's resident camps, day treatment centers, family child care homes, foster care homes; Head Start programs; and higher education facilities with residence facilities.

"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.

Certificates of Nonmedical Exemption expire and need to be renewed on a regular basis. More details may be found on the I want to obtain a Certificate of Nonmedical Exemption webpage.

Students with an exemption on file may be kept out of child care or school during a vaccine-preventable disease outbreak. The length of time will vary depending on the type of disease and the circumstances of the outbreak, including when one person at the school or child care is diagnosed with measles.

Do not use this 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 (Hep A), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), respiratory syncytial virus (RSV), and rotavirus (RV).

Under Colorado law, you have the option to exclude your child's or your information from the Colorado Immunization Information System (CIIS) at any time. To opt out of CIIS, go to theCDPHE CIIS Opt-Out and Rescind Opt-Out Procedures webpage.

Complete all required fields below.

Response was added on 09-18-2026 16:26.

CDPHE logo



I am a

☒ Parent or guardian completing this form for my child
 ☐ Student over 18 years old or emancipated
 ☐ (For official use only) A CDPHE staff member submitting this form for a parent or guardian or student

Parent or guardian information

Parent or guardian first name

john

Parent or guardianlast name

morgan

Parent or guardian phone number

(970) 836-3542

Parent or guardianemail

jbmorgan71@gmail.com
(Email address is used to contact you if there are any processing issues.)

Student information

Student first name

paul

Student middle name

Student last name

morgan

Student sex at birth

- ☒ Male
☐ Female
☐ Don't know
☐ Prefer not to answer

Student date of birth

12-03-2015
(Enter date in MM-DD-YYYY format.)

Student address line 1

(Street number, street name, or PO Box.)

Student address line 2

(Apartment or unit number.)

Student city

Student ZIP code

Student phone number

Student email

(Email address is used to contact you if there are any processing issues.)

School information

Type in your or your child's school, child care, preschool, camp, college, or university information.

School name

soda creek elementary
(You must type the complete school name, without abbreviations. Example: Colorado State University, rather than CSU.)

School address

220 park ave

School city

steamboat springs

School state	☒ Colorado (The school must be located in Colorado.)
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School ZIP code	80487
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Required vaccines for school entry

Select each vaccine for which you are claiming a nonmedical exemption.

- ☒ Hepatitis B (HepB)
- ☒ Diphtheria, tetanus, pertussis (DTaP)
- ☒ Haemophilus influenzae type B (Hib)
- ☒ Inactivated poliovirus (IPV)
- ☒ Pneumococcal conjugate (PCV)
- ☒ Measles, mumps, rubella (MMR)
- ☒ Varicella (Chickenpox)
- ☒ Tetanus, diphtheria, pertussis (Tdap)

Confirmation and signature

I am the parent or guardian of the above-named student or am the student themselves (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 acknowledge the statement printed to the left of this checkbox.

I can review additional evidence-based vaccine information on the benefits and risks of vaccines and the diseases they prevent on the following webpages: Immunization education, Colorado children's vaccine info, and healthychildren.org.

I can contact the Colorado Immunization Information System (CIIS) or my health care provider to locate my or my child's immunization record.

Attention: The Certificate of Nonmedical Exemption will not download automatically. Save a copy for your records by clicking the "Download" button after submitting the form. CDPHE does not retain or archive copies of an individual's Certificate of Medical or Nonmedical Exemption.

- ☒ I understand it is my responsibility to save or print a copy of this form to provide to each school that the student attends, as required by Colorado law.

Signature	john morgan
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