

## CERTIFICATE OF IMMUNIZATION FOR COLLEGE OR UNIVERSITY STUDENTS

*Colorado law requires this form be completed and provided to the school*

First	M.I.	Last	
Student ID	Sex	Date of Birth	Last 5 of SS#
Phone #	Race	Circle: MSU	UC Denver CCD Circle: Student Staff Faculty

*Immunization requirements for Colorado college students: two doses of MMR Combined Vaccine; MEASLES, MUMPS, AND RUBELLA.\* The Tdap, Varicella, Td, Meningococcal, Polio, HPV, Hep B and Hep A are strongly recommended for college students, although not required by Colorado law.*

REQUIRED VACCINE	DATE GIVEN	REQUIRED VACCINE	DATE GIVEN
<b>MMR Combined #1</b>		<b>MMR Combined #2</b>	
<b>OR</b>	<b>DATE GIVEN #1</b>	<b>DATE GIVEN #2</b>	
<b>Measles</b>			
<b>Mumps</b>			
<b>Rubella</b>			
	<b>DATE GIVEN</b>		
<b>Meningococcal Vaccine</b>			

*The first MMR vaccine must have been administered no earlier than 4 days before the first birthday. The 2<sup>nd</sup> dose of MMR vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose.*

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse or school health authority)

**IN LIEU OF PROVIDING A PHYSICIAN OR NURSE VERIFICATION OF THE ABOVE, STUDENTS MAY ATTACH A COPY OF THEIR SIGNED VACCINATION RECORDS OR PREVIOUS SCHOOL RECORDS with proof of two MMR's.**

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW  
(DECLARACION RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACION)

<p><b>IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.</b>  <b>SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.</b></p>
<p><b>MEDICAL EXEMPTION:</b> The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.                  Physician Signature: _____ Date _____ Exempted to: _____</p>
<p><b>RELIGIOUS EXEMPTION:</b> Person himself/herself is an adherent to a religious belief opposed to immunizations.                  Signed parent, guardian or student 18 years and older _____ Date _____</p>
<p><b>PERSONAL EXEMPTION:</b> The named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.                  Signed parent, guardian or student 18 years and older _____ Date _____</p>

## MENINGOCOCCAL DISEASE

For all public or nonpublic postsecondary education institutions in Colorado, the state law requires that each incoming freshman student residing in student housing, as defined by the institution, or any student who the institution requires to complete and return a standard certificate indicating immunizations received by the student as requirement for residing in student housing, be provided with the information below. If the student is under the age of 18 years, the student's parent or guardian must be provided with this information.

- *Meningococcal disease is a serious disease, caused by a bacteria.*
- *Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain. Meningococcal disease can also cause blood infections.*
- *About 2,600 people get meningococcal disease each year in the U. S.: 10-15 % of these people die, in spite of treatment with antibiotics. Of those who live, another 10 % lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizures or strokes.*
- *Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease.*
- *Immunization against meningococcal disease decreases the risk of contracting the disease. Meningococcal vaccine can prevent four types of meningococcal disease; these include two of the three most common in the U.S. Meningococcal vaccine cannot prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.*
- *A vaccine, like any medicine, is capable of counseling serious problems, such as severe allergic reactions. The risk of the meningococcal vaccine counseling serious harm, or death is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.*
- *More information can be obtained from the Vaccine Information Statement available at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm). Students and their parents should discuss the risks and benefits of vaccination with their health care providers.*

To receive the immunization against meningococcal disease, students should check with their health care provider or local health department (for a list of the local public health agencies in Colorado, go to [www.cdphe.state.co.us/oll/locallist.html](http://www.cdphe.state.co.us/oll/locallist.html)). The institution itself may offer the vaccine at special clinics held at the beginning of the school year or may know of other nearby locations. Each institution must require each new student who has not received a vaccination against meningococcal disease, or, if the new student is under the age of 18 years, the student's parent or guardian, to check a box and sign to indicate that the signor has reviewed the information on meningococcal disease and has decided that the new student will not obtain a vaccination against meningococcal disease.

**Please check to indicate that you have reviewed the information on meningococcal disease and have decided that the student will not obtain a vaccination against meningococcal disease.**

**Sign (parent/guardian for student under age 18)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Auraria Tuberculosis (TB) Risk Assessment Questionnaire**

- 1. Are you from or have you lived for two months or more in Asia, Africa, Central or South America or Eastern Europe **NO?**  **YES**   
If YES list country (ies) \_\_\_\_\_
- 2. Have you been diagnosed with a chronic condition that may impair your immune system **NO?**  **YES**  **If YES please list** \_\_\_\_\_
- 3. Have you ever resided, worked or volunteered in a: prison, hospital, nursing home, homeless shelter, long term treatment center?  
**NO**  **YES**  **If YES please list** \_\_\_\_\_.
- 4. Do you currently have a: cough >3 weeks, productive cough, coughing up blood, unexplained fever, night sweats, weight loss, chest pain, shortness of breath, unexplained fatigue, chills, loss of appetite, weakness?  
**NO**  **YES**  **If YES please circle the symptom in the list above.**
- 5. Have you ever had contact with a person known to have active tuberculosis? **NO**  **YES**
- 6. Have you ever used injection drugs? **NO**  **YES**
- 7. Have you ever had a positive (reactive) tuberculin skin test or a positive blood test for tuberculosis?  
**NO**  **YES**  **If YES list when and where you were tested and attach results or additional medical documentation.**  
\_\_\_\_\_

**The information above is true and complete to the best of my knowledge and I am aware that deliberate misrepresentation may jeopardize my health. I understand that this information is confidential and will not be release without my knowledge and written permission.**

**Signature of Student or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note: This form contains confidential medical information. Please submit this form to the Auraria Immunization Office personnel or place this form in a sealed envelope and write on the outside "IMMUNIZATION and TB RISK SURVEY"**

**Staff Initials** \_\_\_\_\_ **Date** \_\_\_\_\_ **Notification Method** \_\_\_\_\_

**Prematriculation Immunization Requirements**

**What is required to attend MSU Denver, CU Denver and CCD?**

Students must submit proof of measles, mumps and rubella vaccinations or evidence of immunity and this completed form in order to register and attend classes. Students are encouraged to submit immunization documentation immediately to ensure adequate processing time and avoid delay in class attendance. It is best to hand deliver this completed document and copies of a student immunization record to the Auraria Immunization Office located on Auraria Campus, Plaza Bldg., Suite 149, Monday through Thursday, 8:00a.m. to 4:30p.m. and Friday 8:00a.m. to 2:30 p.m. A representative will review completed forms and verify Immunization Compliance. Students not able to meet with a representative can mail required information to: Auraria Immunizations Clinic, Campus Box 15, PO Box 173362, Denver, CO 80217-3362. After normal business hours, documents can be placed in a sealed envelope and dropped in the blue lock box located in front of the Health Center at Auraria main entrance, Plaza Bldg. suite 150. No Faxes are received.

**\*The MMR Requirement\***

Students born after January 1, 1957 must provide documented proof that they have received two rubeola (measles), one rubella (German measles) and two mumps vaccinations OR two combination MMR vaccinations. Students born before January 1, 1957 must provide proof of receiving one of each vaccine OR one combination MMR OR evidence of laboratory tests showing immunity to all three diseases. Exemptions are allowed by law. Students who submit exemptions are subject to the prevailing regulations governing quarantines in case of outbreaks and university policies related forfeiture of tuition and fees.

**The Meningococcal Disease Information Requirement**

State Law requires all post secondary education institutions to provide information about Meningococcal Disease and obtain the students signature as acknowledgement they understand there is a vaccine to prevent this disease.

**Tuberculosis (TB) Risk Assessment Requirement**

All new students are required to complete the TB risk questionnaire. Information provided by the student will be reviewed and remain on file with Auraria Immunizations Office.

**Who is required to comply with the Immunization Policy?** All students are required to comply with this policy.