

COLORADO LAW REQUIRES THIS FORM BE COMPLETE AND PROVIDED TO THE SCHOOL

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter complete date each immunization was given					
Hep B	Hepatitis B					
DTaP/Tdap	Diphtheria, Tetanus, Pertussis					
DT/Td	Tetanus, Diphtheria					
Hib	<i>Haemophilus influenzae</i> type b					
IPV/OPV	Polio					
PCV7	Pneumococcal Conjugate					
MMR	Measles, Mumps, Rubella					
Varicella	Chickenpox					

Healthcare Provider Documentation Date _____ Lab Verification Date _____

Vaccines recorded below this line are recommended. Recording of dates are optional.

HPV	Human Papillomavirus					
Rota	Rotavirus					
MCV4/MPSV4	Meningococcal					
Hep A	Hepatitis A					
TIV/LAIV	Influenza					
Other						

To the best of my knowledge, the person named above has received the above immunizations.

DO NOT SIGN UNLESS ALL IMMUNIZATION REQUIREMENTS ARE MET

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

PHYSICIANS EXAMINATION

Code: 0-No Pathology 1-Slight Pathology 2-Remedial Defect 3-Marked Pathology

_____ Posture	_____ Thorax	_____ Genitalia	
_____ Eyes	_____ Thyroid	_____ Feet	
_____ Ears	_____ Lungs	_____ Nervous System	
_____ Nose	_____ Heart		
_____ Mouth	_____ Pulse	Lab Results:	
_____ Skin	_____ Abdomen	_____ Urinalysis	_____ Other
_____ Throat	_____ Hernia	_____ Blood Test	_____ Height
_____ Lymph Nodes		_____ EB	_____ Weight
		_____ Sed. Rate	

Summary of Findings and Recommendations

_____, may participate in the sports listed below unless circled.

Student Name _____

Baseball Basketball Cross-country Football Golf Gymnastics Swimming Tennis Track Volley Ball Wrestling

Physician's Signature

Date

Parent Permit Signature

Date

DENTIST'S EXAMINATION

_____ Class I No Dental Care Needed _____ Class II Dental Care Needed

_____ Class III Immediate Dental Care Needed _____ Date Work Completed

Dentist's Signature

Date