



## Colorado State Immunizations

For Roundup River Ranch's licensing needs, we are required to have a list of immunizations on the "Colorado State Immunizations" form updated yearly on the following page. This form needs to be completed by a medical provider (for applicants who attend a Colorado school, you can ask your school to send you a copy).

The Colorado State Immunization Form is required for our child care license. We cannot accept immunizations in any other format. Thank you for your understanding.

Please upload the "Colorado State Immunizations" form as the PDF for 'Colorado State Immunizations' on the 'Parent Dashboard Forms Page'. You may also send to Roundup River Ranch either by fax at 888-524-2477 or by mail to Roundup River Ranch, C/O Camper Recruiter, 8333 Colorado River Rd., Gypsum, CO 81637.

# COLORADO CERTIFICATE OF IMMUNIZATION

[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**COLORADO**  
Department of Public  
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6<sup>th</sup> grade entry.

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_

## Required vaccines

Immunization date(s) MM/DD/YY

Titer date\*  
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease	Varicella - positive screen date
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\*A positive laboratory titer report must be provided to the school to document immunity.

\*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

## Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

Student is current on required immunizations for age (circle one):    Yes    No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: \_\_\_\_\_

Date: \_\_\_\_\_

**(Optional)** I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: \_\_\_\_\_ Date: \_\_\_\_\_