



K - 12th Grade School Required Immunizations - 2017-18 School Year

Dear parents and guardians of students in Colorado kindergarten - 12th-grade schools:

- Colorado law requires students who attend a public, private or parochial kindergarten - 12th grade school to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:
 - diphtheria, tetanus & pertussis (DTaP, DT, DTP, Tdap)
 - polio (IPV)
 - measles, mumps, rubella (MMR)
 - hepatitis B (HepB)
 - varicella (chickenpox)

Vaccines are recommended for hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

- Colorado rule requires that students entering kindergarten receive their final doses of DTaP, IPV, MMR and Varicella. Students must receive 1 dose of Tdap vaccine for 6th-grade entry, even if they are under 11 years of age.
- The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view parent-friendly versions of the current ACIP vaccine schedules for children 0 - 6 years of age at www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf and preteens/teens 7 - 18 years of age at www.cdc.gov/vaccines/who/teens/downloads/parent-version-schedule-7-18yrs.pdf.
- Please take your student's updated vaccine record to school every time he or she receives a vaccine.
- If your student cannot get vaccines because of medical reasons, you must submit an official *Immunization Medical Exemption Form* to your school, signed by a health care provider licensed to give vaccines. You can get the form at www.colorado.gov/vaccineexemption.
- If you choose not to get your student vaccinated according to the current ACIP schedule, you must submit an official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* to your school. This form must be submitted every year. You can either submit the official form online for inclusion in the Colorado Immunization Information System (CIIS) or provide a paper copy to your child's school. If you choose to include your student's information in CIIS, you may opt your student out of CIIS at any time. Your student's school may ask you to also provide them with a paper copy if you submit online. You can get online and downloadable versions of the form at www.colorado.gov/vaccineexemption.
- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percentage of vaccinated children. Schools must report vaccination and exemption numbers (but not student names or birth dates) to the state health department by December 1 every year. Vaccination and exemption rates will be posted on the state health department website beginning in Spring 2017.
- You may want to talk to a healthcare provider licensed to give vaccines or a local public health agency (LPHA) about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at www.ImmunizeForGood.com and www.colorado.gov/cdphe/immunization-education.
- If you need help finding a healthcare provider, or finding free or low-cost vaccines, contact your LPHA, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your LPHA at www.colorado.gov/pacific/cdphe/find-your-local-public-health-agency.
- Please share Page 2 of this letter with your student's healthcare provider as it provides helpful information about vaccines required for school entry per Colorado law.

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us





Dedicated to protecting and improving the health and environment of the people of Colorado

Dear Colorado healthcare provider:

Colorado School Entry Immunization Law (25-4-901 et seq, C.R.S) and Colorado Board of Health rule (6 CCR 1009-2) require students who attend a public, private or parochial K - 12 school, licensed child care, preschool or Head Start program to be vaccinated against many of the diseases vaccines can prevent. Students must be vaccinated against:

- diphtheria, tetanus and pertussis (DTaP, DT, DTP, Tdap),
- polio (IPV),
- measles, mumps, rubella (MMR),
- hepatitis B (HepB),
- haemophilus influenzae type b (Hib),
- pneumococcal (PCV13), and
- varicella (chickenpox).

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP). To be considered valid, a dose of vaccine must meet both the **minimum age and minimum intervals** as defined by ACIP. You can view the current ACIP vaccine schedule for persons 0 - 18 yrs of age at www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf. Vaccines are recommended for rotavirus, hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

Colorado schools are required to review immunization records for school entry and can only accept valid doses of vaccine. Your patients may receive notification of noncompliance if a dose of vaccine does not meet the minimum age or minimum interval requirements per the ACIP schedule. There are three ways a school/student can meet the compliance requirements established by Colorado law:

- A student is considered fully immunized if he or she has received all doses of school-required vaccines according to the current ACIP schedule. Note: students are required to receive their final doses of DTaP, IPV, MMR and Varicella by kindergarten entry and their Tdap by 6th grade entry, even if the student is 10 years of age.
- A student is in the process of getting up-to-date on required vaccines and has a written plan from a parent/guardian on file with the school.
- The student (emancipated or 18 years of age or older) or student's parent/guardian has submitted a signed official *Immunization Non-Medical Exemption Form (Religious or Personal Belief)* or the healthcare provider (medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician's assistance) has signed an official *Immunization Medical Exemption Form* because of a condition that precludes a patient from receiving vaccine(s).

If students do not meet at least one of the compliance criteria, they are not permitted to attend school. If you have questions about the student's school immunization requirement, please communicate with the student's school nurse or school representative.

If you have questions about the ACIP immunization schedule, vaccines marked as invalid in your patient's immunization record, or about Colorado School Immunization Law, please contact us from 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2700 or cdphe.dcdimmunization@state.co.us. If you have questions about the Colorado Immunization Information System (CIIS), please contact us 8:30 a.m. to 5 p.m., Monday - Friday at 303-692-2437 (press 2), 1-888-611-9918 (press 1) or cdphe.ciis@state.co.us.

Other reliable clinical resources include:

- CDC Vaccines & Immunizations
<http://www.cdc.gov/vaccines/default.htm>
- CDC's 13th edition (2015) of the Epidemiology & Prevention of Vaccine-Preventable Diseases
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- The Immunization Action Coalition: Ask the Experts
<http://www.immunize.org/askexperts/>
- CDC Experts at the National Immunization Program
nipinfo@cdc.gov or 1-800-CDC-Info (1-800-232-4636)

Sincerely,

Colorado Immunization Branch | Colorado Department of Public Health & Environment
303-692-2700 | cdphe.dcdimmunization@state.co.us



Health Questionnaire
Woodland Park School District RE2
ALL STUDENTS RETURNING OR NEW TO THE DISTRICT MUST COMPLETE THIS FORM

Has your child attended school in Woodland Park School District in the past? Yes No
When was the last year your child attended school here? What Grade?

Student's Name M F _____ _____ _____
Birth Date Grade Today's Date

Health Concerns (Please check all that apply)

- | | |
|---------------------------------|-------------------------|
| Convulsive Disorder | Heart Condition |
| Bone/Joint Disease | Diabetes |
| Tuberculosis | Ulcer/Stomach Problems |
| Rheumatic fever | Hearing Problem |
| Speech Problems | Frequent Ear Infections |
| Dental Problems | Wears Glasses/Contacts |
| Vision Problems | Allergies [PLEASE LIST] |
| Asthma [diagnosed by doctor] | _____ |
| Frequent Headaches | _____ |
| Migraines [diagnosed by doctor] | _____ |

If your child has any of the above health conditions or any other physical or emotional health concerns such as ADHD, ADD, Bipolar Disorder etc. not listed above, please describe below:

Is your child taking any medications [prescription or over-the-counter]? ___Yes ___NO
Name any medication[s] and what they are prescribed for:

Does this medication need to be given at school ___Yes ___No

[IF YES PLEASE REQUEST A PERMISSION FORM REQUIRED FOR MEDICATIONS AT SCHOOL]

Please initial here if your child can be given or offered sunscreen by school personnel: _____

List any recent immunization booster [s] and date[s] received: _____

Has your child had Chicken Pox? ___Yes ___No If yes, please indicate date: _____

Has your child received the Chicken Pox {Varicella} Vaccine? ___Yes ___No

Has your child had any serious illnesses, operations or injuries? ___Yes ___No

If yes, please indicate date and describe:

Does your child have any requirements for special attention at school because of health problems [diet, limited activities, etc.]? ___Yes ___No

If yes, please describe:

THE SCHOOL HAS MY PERMISSION TO RELEASE PERTINENT MEDICAL INFORMATION TO APPROPRIATE PERSONNEL

Parent/Guardian Signature Date EMERGENCY NUMBER

****EMERGENCY MEDICAL PERMISSION:** In the event that neither parent/legal guardian can be reached, a representative of the school has my permission to seek emergency medical treatment for my child. YES NO

Parent/Guardian Signature Date