

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH CAMPER
ATTENDING CAMP AT LA FORET CONFERENCE AND RETREAT CENTER**

Camper Name: _____ Date of Birth: _____

Parent/Guardian: _____

CERTIFICATE OF IMMUNIZATION							
Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (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						
Varicella	Chickenpox				Healthcare Provider Documentation Date: _____	Lab Verification Date: _____	
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/ MPS V4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenze						
Other:							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date _____
Up to date through 6 months of age for Colorado School Immunization Requirements Update Signature & Date

 - B) Child Care Up to Date _____
Up to date through 18 months of age for Colorado School Immunization Requirements Update Signature & Date

 - C) Child Care/Pre-school/Pre-K* _____
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements Update Signature & Date

 - D) Complete for K–5th Grade _____
Up to date for K–5th Grade for Colorado School Immunization Requirements Update Signature & Date
- * If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR STATE SCHOOLS (6TH GRADE OR HIGHER)

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

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

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.

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.

MEDICAL EXEMPTION: 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.

EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; obien, las vacunas están contraindicadas debido a otros problemas de salud.

*Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico) Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

*Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor) Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

*Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):*

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor) Hep B DTaP Tdap Hib IPV PCV MMR VAR

Please Complete and Return this SIGNED form to the address at the top of this document OR via email to camps@rmcucc.org OR via fax at 303.980.6695.