

**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: \_\_\_\_\_

| <b>CERTIFICATE OF IMMUNIZATION</b>  |  |  |  |  |  |                                 |  |
|---|--|--|--|--|--|---------------------------------|--|
| <b>Vaccine</b>  |  | <b>Enter the month, day and year each immunization was given</b> |  |  |  |                                 |  |
| <b>Hep B</b>  | Hepatitis B                                |  |  |  |  |                                 |  |
| <b>DTaP</b>   | Diphtheria, Tetanus, Pertussis (pediatric) |  |  |  |  |                                 |  |
| <b>DT</b>   | Diphtheria, Tetanus (pediatric)            |  |  |  |  |                                 |  |
| <b>Tdap</b>   | Tetanus, Diphtheria, Pertussis             |  |  |  |  |                                 |  |
| <b>Td</b>   | Tetanus, Diphtheria                        |  |  |  |  |                                 |  |
| <b>Hib</b>  | <i>Haemophilus influenzae</i> type b       |  |  |  |  |                                 |  |
| <b>IPV/OPV</b>  | Polio                                      |  |  |  |  |                                 |  |
| <b>PCV</b>  | Pneumococcal Conjugate                     |  |  |  |  |                                 |  |
| <b>MMR</b>  | Measles, Mumps, Rubella                    |  |  |  |  |                                 |  |
| <b>Varicella</b>  | Chickenpox                                 |  |  |  | Healthcare Provider Documentation Date:<br>_____ | Lab Verification Date:<br>_____ |  |
| <b>Vaccines recorded below this line are recommended. Recording of dates is encouraged.</b> |  |  |  |  |  |                                 |  |
| <b>HPV</b>  | Human Papillomavirus                       |  |  |  |  |                                 |  |
| <b>Rota</b>   | Rotavirus                                  |  |  |  |  |                                 |  |
| <b>MCV4/ MPS V4</b>   | Meningococcal                              |  |  |  |  |                                 |  |
| <b>Hep A</b>  | Hepatitis A                                |  |  |  |  |                                 |  |
| <b>TIV/LAIV</b>   | Influenze                                  |  |  |  |  |                                 |  |
| <b>Other:</b>   |  |  |  |  |  |                                 |  |

**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 form to Logan Bennett at [logan@laforet.org](mailto:logan@laforet.org), or via mail to:  
La Foret Conference and Retreat Center - 6145 Shoup Road - Colorado Springs, CO - 80908