COLORADO MESA UNIVERSITY

Registrar's Office
1100 North Avenue • Grand Junction, CO 81501-3122
970.248.1555 (o) • 970.248.1131 (f) • 1.800.982.6372

CERTIFICATE OF IMMUNIZATION

Colorado law requires this form be completed and provided to the school

Name:	Date of Birth:
Student ID:	
Street Address:	City, State, ZIP Code:
School Name:	School Address:
School Phone Number:	School Fax Number:

Immunization requirements for Colorado college students: two doses of MEASLES, MUMPS, RUBELLA vaccine.

REQUIRED VACCINE	DATE GIVEN	REQUIRED VACCINE	DATE GIVEN
MMR #1 (Measles-Mumps-Rubella)		MMR #2 (Measles-Mumps-Rubella)	

The following vaccines are strongly recommended for college students, although not required by Colorado law.

ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)	ADDITIONAL VACCINES RECOMMENDED	DATES GIVEN (IF AVAILABLE)
DTP/DTaP/Tdap (Diphtheria-Tetanus-Pertussis)		Varicella (Chickenpox)	
Td (Tetanus-Diphtheria)		Meningococcal	
OPV/IPV (Polio)		HPV (Human Papillomavirus)	
Hep B (Hepatitis B)		Other:	
Hep A (Hepatitis A)		Other:	

- Measles, mumps, and rubella (MMR) vaccine is not required for college students born before January 1, 1957.
- The first MMR vaccine must have been administered **no earlier than 4 days before the first birthday.** The 2nd dose of MMR vaccine or of measles vaccine must have been administered **at least 28 calendar days after the 1st dose.**
- In lieu of immunization, written evidence of laboratory tests showing immunity to measles, mumps, and rubella is acceptable. Attach written proof to the Certificate or record test results and dates in the boxes above.

TO THE BEST OF MY KNOWLEGDE, THE PERSON NAMED ABOVE HAS RECEIVED THE IMMUNIZATIONS REQUIRED FOR SCHOOL

DO NOT SIGN UNLESS ALL REQUIRED IMMUNIZATIONS HAVE BEEN ADMINISTERED

Signed _____ Title_____ Date_____
(Physician, nurse or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

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

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.

Medical exemption to the following vaccine(s): _____

Signed _____ Date _____
Physician

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.

Religious exemption to the following vaccine(s): _____

Signed _____ Date_____
Parent, guardian, emancipated student or student 18 years and older

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.

Personal exemption to the following vaccine(s): _____

Signed _____ Date _____
Parent, guardian, emancipated student or student 18 years and older

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Information Regarding
MENINGOCOCCAL DISEASE

For all public or nonpublic postsecondary education institutions in Colorado, the state law requires that each incoming freshman student residing in student housing, as defined by the institution, or any student who the institution requires to complete and return a standard certificate indicating immunizations received by the student as a requirement for residing in student housing, be provided with the information below. If the student is under the age of 18 years, the studentôs parent or guardian must be provided with this information.

- **Meningococcal disease is a serious disease**, caused by bacteria.
- **Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain.** Meningococcal disease can also cause blood infections.
- About 2,600 people get meningococcal disease each year in the United States; 10 to 15 percent of those people die, in spite of treatment with antibiotics. Of those who live, another 10 percent lose their arms or legs, become deaf, have problems with their nervous system, become mentally retarded, or suffer seizures or strokes.
- Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. **Scientific evidence suggests that college students living in dormitory facilities are at a modestly increased risk of contracting meningococcal disease.**
- **Immunization against meningococcal disease decreases the risk of contracting the disease.** Meningococcal vaccine can prevent four types of meningococcal disease; these include tow of the three most common in the United States. Meningococcal vaccine cannot prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.
- A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reaction. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.
- More information can be obtained from the Vaccine Information Statement available at www.cdc.gov/vaccines/pubs/vis/default.htm. Students and their parents should discuss the risks and benefits of vaccination with their health care providers.

To receive the immunization against meningococcal disease, students should check with their own health care provider or their local health department (for a list of the local public health agencies in Colorado, go to www.cdphe.state.co.us/oll/locallist.html). The institution itself may offer the vaccine at special clinics held at the beginning of the school year or may know of other nearby locations.

Each institution must require each new student who has not received a vaccination against meningococcal disease, or, if the new student is under the age of 18 years, the studentôs parent or guardian, to check a box and sign (see below) to indicate that the signor has reviewed the information on meningococcal disease and has decided that the new student will not obtain a vaccination against meningococcal disease.

☐ **Please check to indicate that you have reviewed the information on meningococcal disease and have decided that the student will not obtain a vaccination against meningococcal disease.**

Signature: _____

Date:_____
(Student or parent/guardian, if student is under the age of 18 years)

Print Name of Student:_____

Date of Birth:_____ Student ID:_____