



## Annual Immunization and Exemption Information

February 15, 2021

Dear Parents and Guardians:

Each year we are required by law to provide you with information on immunizations including how you may exempt your children from required immunizations under state law and Colorado Department of Health and Environment (CDPHE) regulations. CDPHE's official "letter to parents" must be distributed annually, and it appears after this communication.

We want to also take this opportunity to reassure you of our continued support in making decisions that are best for your children based on their individual needs that is tailored to meet all aspects of their well-being, including medical, personal, religious, or otherwise. With the recent passing of a revised school immunization law last year ([SB20-163](#)), the method of certifying exemptions has changed slightly starting with the 2021-2022 school year. This is summarized below.

Please note that the Covid-19 vaccine is not included in Colorado's required or recommended immunization schedule for 2021-2022.

### ***A. Required Immunizations***

The following immunizations are required by law: Diphtheria, tetanus and pertussis (DTap/DTP/Tdap); Hepatitis B (HepB); Measles, mumps, and rubella (MMR); Polio (IPV); and Varicella (chickenpox).

### ***B. Medical Exemptions (Signed by a Doctor)***

Parents may claim a medical exemption by submitting a form with a statement of medical exemption signed by an advanced practice nurse, a delegated physician assistant, or physician, indicating that the physical condition of the student is such that immunizations a) would endanger his/her life or health or b) are medically contraindicated due to other medical conditions. You only need to submit this form or statement once to the school, unless your student's information changes.

CDPHE's medical exemption form is attached to this letter and is also accessible at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions).

### ***C. "Nonmedical" (Religious or Personal Belief) Exemptions Signed by a Provider***

Parents may claim a religious or personal belief exemption by submitting a form or document signed by the parent(s) indicating that the parent, guardian, or student is an adherent to a religious belief whose teachings

are opposed to immunizations or has a personal belief that is opposed to immunizations. The new requirement for the 2021-2022 school year is that the nonmedical exemption form must also be signed by a health care provider who is authorized to administer vaccinations. (Note that practitioners signing such forms are protected from retaliation by their employers under the law, and discipline or adverse action against their professional license based on signing an exemption form is illegal.) The exemption form or document must be submitted once per school year during enrollment; nonmedical exemptions expire annually on June 30th.

CDPHE's nonmedical exemption form is attached to this letter and is also accessible via at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions). The law does not forbid a letter or other form as long as it contains the information required under the law.

#### ***D. "Nonmedical" Exemptions Through Completion of Education Module***

As an alternative to submitting the nonmedical exemption form or document, a parent or guardian can complete a 20-minute online education module available at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions) after which a certificate will be generated that may be downloaded and must be provided to the school. You only need to complete the module once for all your children, but this requires you provide their information to generate the certificate. See below to opt-out to remove your child's information from the state tracking system.

#### ***Child Information Opt-Out Procedures***

When a health care provider certifies (signs) a medical or nonmedical exemption, he or she is required by law to report it to the state using the Colorado Immunization Information System (CIIS). Parents and guardians may exclude their child's information from this immunization tracking system. To opt out, go to <http://www.colorado.gov/cdphe/ciis-opt-out-procedures> or utilize the form attached to this letter.

For additional state information regarding immunizations, or to access forms in other languages, see: <https://cdphe.colorado.gov/vaccine-exemptions>.

For questions or concerns, please contact the front office staff at your child's campus.

Sincerely,

Ascent Classical Academies

- Attachments:**
- 1) CDPHE letter to parents
  - 2) CDPHE medical exemption form
  - 3) CDPHE nonmedical exemption form
  - 4) CIIS opt-out form



## Dear parents/guardians of students in Colorado kindergarten – 12<sup>th</sup> grade schools for the 2021-22 school year:

We know you're thinking of all the things you need to do to make sure your student is ready for school. Getting vaccinated is an important part of their school readiness and keeps children from catching and spreading diseases that can make them sick. We wish you and your student a healthy school year!

### Required and recommended vaccines

- 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, unless a certificate of exemption is filed. For more information, visit [cdphe.colorado.gov/schoolrequiredvaccines](https://cdphe.colorado.gov/schoolrequiredvaccines). Your student must be vaccinated against:
  - o Diphtheria, tetanus and pertussis (DTaP, DTP, Tdap)
  - o Hepatitis B (HepB)
  - o Measles, mumps and rubella (MMR)
  - o Polio (IPV)
  - o Varicella (chickenpox)
- Colorado follows recommendations set by the Advisory Committee on Immunization Practices. Students entering kindergarten must receive their final doses of DTaP, IPV, MMR and varicella. Students entering 6<sup>th</sup> grade must receive one dose of Tdap vaccine, even if they are under 11 years of age. You can view recommended vaccine schedules at [cdc.gov/vaccines/schedules/parents-adults/resources-parents.html](https://cdc.gov/vaccines/schedules/parents-adults/resources-parents.html).
- Vaccines are recommended for hepatitis A, influenza, meningococcal disease and human papillomavirus, but are not required.

### Exclusion from school

- Your student may be excluded from school if your school does not have an up-to-date vaccine record, certificate of exemption, or in-process plan for your student on file.
- If someone gets sick with a vaccine-preventable disease or there is an outbreak at your student's school and your student has not received the vaccine for that disease, they may be excluded from school activities. That could mean lost learning time for them and lost work and wages for you. For example, if your student has not received a MMR vaccine, they may be excluded from school for 21 days after someone gets sick with measles.

### Have questions?

- You may want to talk to a healthcare provider licensed to give vaccines or your local public health agency about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at [SpreadTheVaxFacts.com](https://SpreadTheVaxFacts.com), [ImmunizeForGood.com](https://ImmunizeForGood.com), and [cdphe.colorado.gov/immunization-education](https://cdphe.colorado.gov/immunization-education).

### Paying for vaccinations

- If you need help finding free or low-cost vaccines and providers who give them, go to [COVax4Kids.org](https://COVax4Kids.org), contact your local public health agency, or call the state health department's Family Health Line at 1-303-692-2229 or 1-800-688-7777. You can find your local public health agency at [cdphe.colorado.gov/find-your-local-public-health-agency](https://cdphe.colorado.gov/find-your-local-public-health-agency).

### Vaccination records

- Please take your student's updated vaccine record to school every time they receive a vaccine.
- Need to find your student's vaccine record? It may be available from the Colorado Immunization Information System. Visit [COVaxRecords.org](https://COVaxRecords.org) for more information.

### Exemptions

- If your student cannot get vaccines because of medical reasons, you must submit a *Certificate of Medical Exemption* to your school, signed by a health care provider licensed to give vaccines. You only need to submit this certificate once, unless your student's information or school changes. You can get the form at [cdphe.colorado.gov/vaccine-exemptions](https://cdphe.colorado.gov/vaccine-exemptions).
- If you choose not to have your student vaccinated according to the current recommended schedule because of personal belief or religious reasons, you must submit a *Certificate of Nonmedical Exemption* to your school.

Nonmedical exemptions must be submitted annually at every new school year (July 1 through June 30<sup>th</sup> of the following year). There are two ways to file a nonmedical exemption.

- File the *Certificate of Nonmedical Exemption* WITH a signature from an immunizing provider, OR
- File the *Certificate of Nonmedical Exemption* received upon the completion of our online education module.

*Downloadable certificates and our online education module are available at [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions).*

**How's your school doing on vaccinations?**

- Some parents, especially those with students who have weakened immune systems, may want to know which schools have the highest percent of vaccinated students. Schools must report immunization and exemption numbers (but not student names or birth dates) to the state health department annually. Schools do not control their specific immunization and exemption rates or establish the Vaccinated Children Standard described in C.R.S. 25-4-911. Schools must include their MMR immunization and exemption rates from the most recently completed school year in this letter. Schools may choose to also include immunization and exemption rates for other school-required vaccines. Additional immunization and exemption rates can be found at [COVaxRates.org](http://COVaxRates.org).

School Name	2019-2020 MMR Immunization Rate REQUIRED IN LETTER	2019-2020 MMR Exemption Rate REQUIRED IN LETTER
<i>Schools may also include the rates for the school-required vaccines shown below in this annual letter to parents/guardians</i>		
Vaccinated Children Standard 95% Immunization Rate for All School-Required Vaccines	2019-2020 DTaP/Tdap Immunization Rate	2019-2020 DTaP/Tdap Exemption Rate
	2019-2020 HepB Immunization Rate	2019-2020 HepB Exemption Rate
	2019-2020 IPV Immunization Rate	2019-2020 IPV Exemption Rate
	2019-2020 Varicella Immunization Rate	2019-2020 Varicella Exemption Rate



# Immunization

## Certificate of Medical Exemption

Colorado law C.R.S. § 25-4-902 requires all students attending any school in the state of Colorado to be vaccinated against certain vaccine-preventable diseases, as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. This law applies to students attending public, private and parochial kindergarten, elementary and secondary schools through 12<sup>th</sup> grade, colleges or universities, and child care facilities licensed by the Colorado Department of Human Services including child care centers, school-age child care centers, preschools, day camps, resident camps, day treatment centers, family child care homes, foster care homes, and Head Start programs. Students with a recorded immunization exemption may be kept out of a child care facility or school during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Medical exemptions need to be filed only once unless the student's information or school changes.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

### Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form:  Check if an emancipated student or student over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

### School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:

### Required Vaccines for School Entry

Check each vaccine declined:	List medical contraindication(s) for each vaccine declined:
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenzae type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13)	
<input type="checkbox"/> Measles, mumps, rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

### Statement of Exemption

The physical condition of the above named student is such that vaccination would endanger their life or health or is medically contraindicated due to other medical conditions. The information I have provided on this form is complete and accurate.

**REQUIRED** Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

Under Colorado law, you have the option to exclude your child's/your information from the Colorado Immunization Information System (CIIS). To opt out of CIIS, go to: [www.colorado.gov/cdphe/ciis-opt-out-procedures](http://www.colorado.gov/cdphe/ciis-opt-out-procedures). Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.



# Immunization

## Certificate of Nonmedical Exemption

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Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

### Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form:  Check if an emancipated student or student over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

### School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:		
School District:	<input type="checkbox"/> Check if Not Applicable	
Address:		
City:	State:	Zip Code:

Required Vaccines for School Entry - Place an “X” next to each vaccine for which you are claiming a nonmedical exemption.

<input type="checkbox"/>	Diphtheria, tetanus, pertussis (DTaP)	<input type="checkbox"/>	Inactivated poliovirus (IPV)
<input type="checkbox"/>	Tetanus, diphtheria, pertussis (Tdap)	<input type="checkbox"/>	Measles, mumps, rubella (MMR)
<input type="checkbox"/>	Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Pneumococcal conjugate (PCV13)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

### Statement of Exemption

I am the parent/guardian of the above-named student or am the student themselves (emancipated or over 18 years of age) and am claiming a nonmedical exemption from the vaccine(s) indicated above. The information I have provided on this form is complete and accurate. I can review evidence-based vaccine information at [www.colorado.gov/cdphe/immunization-education](http://www.colorado.gov/cdphe/immunization-education), [www.spreadthevaxfacts.com/](http://www.spreadthevaxfacts.com/), [www.immunizeforGood.com/](http://www.immunizeforGood.com/) for additional information on the benefits and risks of vaccines and the diseases they prevent. I can contact the Colorado Immunization Information System (CIIS) at [www.covaxrecords.org](http://www.covaxrecords.org) or my health care provider to locate my child’s/my immunization record.

REQUIRED Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent/Legal Guardian/Student (emancipated or over 18 years old)

REQUIRED Signature: _____ Date: _____ Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.) -- OR -- Online Education Module Completion Date and Time (system generated): _____ <small>*A certificate of nonmedical exemption generated from the department’s online education module is only complete and valid if both the system-generated date and timestamp and CDPHE watermark are present.</small>
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<sup>1</sup> Colorado Board of Health rule 6 CCR 1009-2: <https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=7698&fileName=6%20CCR%201009-2>  
<sup>2</sup> 2020 Recommended Immunizations from Birth through 6 Years Old: [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf). Based on this schedule, a nonmedical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.  
<sup>3</sup> Under Colorado law, you have the option to exclude your child’s/your information from CIIS at any time. To opt out of CIIS, go to [www.colorado.gov/cdphe/ciis-opt-out-procedures](http://www.colorado.gov/cdphe/ciis-opt-out-procedures). Please be advised you will be responsible for maintaining your child’s/your immunization records to ensure school compliance.



# Colorado Immunization Information System Opt-Out Form

The Colorado Immunization Information System (CIIS) is a confidential, computerized, population-based system that collects and consolidates immunization data for Coloradans of all ages from a variety of sources and provides tools for designing and sustaining effective immunization strategies to prevent disease and reduce healthcare costs. If your healthcare provider participates in CIIS, they are able to see the vaccines that you/your child received in the past as well as any vaccines recommended for you/your child at the time of the visit. Your healthcare provider can also print immunization forms needed for child care, school and camp enrollment directly from the secure CIIS web application.

Information in CIIS can only be released to:

- The individual or the individual’s parent/legal guardian.
- The physician, clinic, hospital or licensed healthcare practitioner treating the individual.
- A school, child care/preschool or college/university where the individual is enrolled.
- A managed care organization or health insurer where the individual is enrolled, if the organization or health insurer pays for immunizations.
- People or entities that have contracted with the State of Colorado for the implementation and operation of CIIS.
- The Department of Health Care Policy and Financing, for individuals enrolled in Health First Colorado (Colorado’s Medicaid program).

Anyone who releases information in CIIS to an unauthorized party commits a crime and can be punished. Under Colorado law, you have the right to exclude your/your child’s immunization information from CIIS at any time. If you change your mind, you can have your healthcare provider resubmit your/your child’s immunization records to CIIS. If you choose to exclude your/your child’s immunization information from CIIS, you are responsible for keeping your/your child’s immunization records. *NOTE: CIIS works on a search function; system users have to search for and find an individual in CIIS prior to viewing or updating the individual’s record. The following demographic information is kept in CIIS for opt-out individuals: First Name, Last Name, Date of Birth, Gender, City, County, and Zip Code. This information is retained to prevent CIIS users from adding opt-out individuals back into CIIS. As immunization data may be provided to CIIS from multiple sources, such as healthcare providers, school officials, or parents/guardians, retaining limited demographic information is the only way to guarantee that if new immunization information is received by CIIS after the individual has opted out, the information will not be included in CIIS.*

Patient Information: Please print clearly.

Last Name:	First Name:	Middle Name:
Date of Birth:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State:	Zip Code:
Name of Doctor/Clinic:		
Address of Doctor/Clinic:		

By signing this Opt-Out form, I confirm that I am the individual or parent/legal guardian of the individual listed above. I choose to have immunization information for myself/my child excluded from CIIS. I can continue to receive vaccines for myself/my child from my healthcare provider even if the immunization information is excluded from CIIS.

(Please print) Individual or Parent/Legal Guardian Full Name \_\_\_\_\_

Signature of Individual or Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Your Email Address [for confirmation](#): \_\_\_\_\_

It is your responsibility to email, mail or fax this form to:  
Colorado Department of Public Health and Environment  
Attn: Colorado Immunization Information System Program  
DCEED-IMM-A3  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
Fax: 303-758-3640

If you have questions, call:  
1-888-611-9918 or email:  
[cdphe.ciis@state.co.us](mailto:cdphe.ciis@state.co.us)