

Twin Peaks Bible Camp Immunization Record

New (CDH) Colorado Department of Health Regulations

The forms provided below **MUST** be filled out completely.
 A copy of your child's immunization card may be included but not substituted.
(Doctors office form not acceptable!)

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL						
Name _____			Date of Birth _____			
Parent/Guardian _____						
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION						
VACCINE		Enter date each immunization was given				
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)					
Td/DT	Tetanus-Diphtheria					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					Required for children < 5 yrs. of age. (see footnote "j" below)
Measles	Measles			Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio, and hepatitis B is acceptable. Attach written proof to this Certificate or record test results and dates in the boxes at left.		
Mumps	Mumps					
Rubella	Rubella					
HB	Hepatitis B					
Varicella	Chickenpox			History of disease. Yes _____ year (optional) _____ (see footnote "e" below)		
Other						
To the best of my knowledge, the person named above has received the above immunizations.						
Signed _____		Title _____		Date _____		
<small>(Physician, nurse, or school health authority)</small>						

If you have claimed exemption to the Immunization Law for all or any immunizations, you must fill out the form below.

Name _____		Date of Birth _____	
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.			
<i>Medical exemption to the following vaccine(s):</i>			
Signed _____		Date _____	
<small>(Physician)</small>			
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.			
<i>Religious exemption to the following vaccine(s):</i>			
Signed _____		Date _____	
<small>(Parent, guardian, emancipated student/consenting minor)</small>			
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.			
<i>Personal exemption to the following vaccine(s):</i>			
Signed _____		Date _____	
<small>(Parent, guardian, emancipated student/consenting minor)</small>			
<small>CDPHE-DCEED-IMM 04-07819C14-RC10 8/03</small>			
<small>Revised July 2003</small>			

If you have any question concerning this form, please call the Camp office at 970/434-8308 or Camp Site at 970/487-3891

This form was prepared in compliance with the Colorado Department of Health Regulations.