

**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**  
**Colorado Alternative Certificate of Immunization for College Students**  
**Approved 2-2003 by Colorado State University**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ CSU ID \_\_\_\_\_  
 (Last) (First)

**Immunization Requirements for College Students:**  
**Two Doses of MEASLES, MUMPS AND RUBELLA (MMR) vaccine.**

Vaccine	Enter date each immunization was given		<ul style="list-style-type: none"> <li>• Measles, mumps and rubella (MMR) vaccine is not required for college students born before January 1, 1957.</li> <li>• If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required.</li> <li>• The first MMR must have been given no earlier than 4 days before the first birthday. The 2<sup>nd</sup> dose of measles, mumps and rubella vaccine or of measles vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose.</li> <li>• In lieu of immunization, written evidence of laboratory tests showing range of immunity to measles, mumps, rubella is acceptable. Attach written proof to the Certificate.</li> </ul>
<b>Measles</b> (Month, day, year)			
<b>Mumps</b> (Month, day, year)			
<b>Rubella</b> (Month, day, year)			

Additional immunizations below are not required. List dates if possible

DTP/DTaP (Diphtheria-Tetanus-Pertussis)					
Td/DT (Tetanus-Diphtheria)					
OPV/IPV (Polio)					
Hepatitis A (Month, day, year)			Meningococcal	Varicella	
Hepatitis B (Month, day, year)				Other	
Hepatitis A and Hepatitis B (Comb. vaccine) (Month, day, yr)				Other	

To the best of my knowledge, the person above has received the above immunizations

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 (Physician, nurse or school authority- Do not sign unless minimum requirements for MMR - measles, mumps and rubella - are met)

**Statement of Exemption to Immunization Law**

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

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.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent, guardian, emancipated student or student 18 years or 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent, guardian, emancipated student or student 18 years or older)

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