

# Nonmedical Exemptions for Immunizations

There are **two** ways to submit a nonmedical exemption.

**Be sure to check with your student's school, childcare or college/university to find out if they need a printed copy of the Certificate of nonmedical exemption. If you submit to CIIS, the school can access the exemption information in CIIS, but cannot access the completed Certificate of nonmedical exemption.**

1. Submit the Certificate of nonmedical exemption **WITH** a signature from an immunizing provider in Colorado who is a medical doctor, Doctor of Osteopathic Medicine, advanced practice nurse, delegated physician's assistant, registered nurse, or pharmacist.

**OR**

2. Submit the Certificate of nonmedical exemption received upon the completion of CDPHE's Online Immunization Education Module which can be found at: [cdphe.colorado.gov/vaccine-exemptions](http://cdphe.colorado.gov/vaccine-exemptions).
- Per Colorado Revised Statutes 25-4-2403, immunizing providers who sign the Certificate of Nonmedical Exemption must submit nonmedical exemption data to CIIS (Colorado Immunization Information System).
  - Parents of students in grades PK-12 claiming a nonmedical exemption must submit one annually. **Nonmedical exemptions expire June 30th each year.** If you submit a Certificate of nonmedical exemption on or before June 30th, it will not be valid for the upcoming school year unless you submit the exemption during early registration.



# Immunization

## Certificate of Nonmedical Exemption

[cdphe.colorado.gov/immunization](http://cdphe.colorado.gov/immunization)

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 12th 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. "Nonmedical exemption" means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Prior to kindergarten, the Certificate of Nonmedical Exemption must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices (ACIP).<sup>1,2</sup> From kindergarten through 12th grade, the Certificate of Nonmedical Exemption must be filed every year during the student's school enrollment/registration process.<sup>1</sup> Students with an immunization exemption on file 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.

Complete all required fields as indicated by an asterisk\* below and obtain all required signatures. Incomplete forms will not be accepted. Completing all fields allows for us to process this exemption in a more expedited manner and to contact you should questions arise.

### Student Information:

*Last Name:	*First Name:	Middle Name:
*Date of Birth:	Email:	*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

If emancipated and under 18 years of age, please submit this exemption form and your emancipation documentation to [cdphe.ciis@state.co.us](mailto:cdphe.ciis@state.co.us)

*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 (PCV)
<input type="checkbox"/>	Hepatitis B (HepB)	<input type="checkbox"/>	Varicella (chickenpox)

### Statement of Exemption

I am the parent/guardian of the above-named student or am the student myself (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), <https://childvaccineco.org/>, and [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.<sup>3</sup>

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

### REQUIRED Provider Signature Section:

*REQUIRED: Print Name, Title, and Signature: _____ Date: _____ Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, Registered Nurse (RN) or Pharmacist (authorized pursuant to section 12-240-107 (6), C.R.S.)
*REQUIRED: Colorado professional license number: _____ <input type="checkbox"/> Check if completed during the school's designated early registration period for the upcoming school year.

DO NOT use this process or form for work-related vaccine exemptions or for vaccines that are not required for school entry in the state of Colorado. This includes vaccines for: COVID-19, hepatitis A (HepA), human papillomavirus (HPV), influenza (flu), meningococcal disease (MenACWY and MenB), and rotavirus (RV).

<sup>1</sup> Colorado Board of Health Rule 6 CCR 1009-2: <https://cdphe.colorado.gov/schoolrequiredvaccine>

<sup>2</sup> 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 Certificate of 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).

<sup>4</sup> Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.