GENERAL HEALTH APPRAISAL FORM

PARENT

Please complete, date, and SIGN.

Child's Name: _____ Birthdate: _____

Allergies: ☐ None OR ☐ List food/medication: _____

Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-Describe: _____

Skin Care: ☐ Sunscreen/creams may be applied as requested in writing by parent unless skin is broken or bleeding.

Sleep: Your healthcare provider recommends that all infants less than 1 year of age be placed on their back for sleep.

I, _____, give permission for my child's healthcare provider to share this form and applicable attachments with my child's school, childcare, or camp. Contact information for the person to receive this form:

Name: CSU Early Childhood Center Fax: 970-491-7493 Email: eccinfo@colostate.edu

Parent/Guardian Signature: _____ Date: _____

HEALTH CARE PROVIDER

Please complete after parent section has been completed.

Date of most recent health appraisal: _____ Age: _____ Weight: _____

Physical Exam: ☐ Normal ☐ Abnormal-describe: _____

Allergies: ☐ None OR ☐ List food/medication: _____ Type of Reaction _____

Current Medications: ☐ None OR ☐ List: _____

A separate medication authorization form (link) is required for medications given in school, childcare, or camp.

Current Diet: ☐ Breastfed ☐ Age appropriate ☐ Special-describe: _____

A separate diet statement (link) is required for food provided at school, childcare, or camp.

Health Concerns: ☐ Severe Allergies ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations ☐ Behavior Concerns

☐ Developmental Delays ☐ Vision ☐ Hearing ☐ Oral Health ☐ Under/Overweight ☐ Other: _____

Explain above concerns (if necessary, include instructions to care providers): _____

Immunizations: ☐ See attached immunization record or official exemption form ☐ Next vaccine due date: _____

HEALTH CARE PROVIDER

Please complete if appropriate. This information is required by Early Head Start and Head Start Programs per the State EPSDT Schedule.

Height: _____ B/P: _____ Head Circumference (up to 12 months): _____ HCT/HGB: _____

Lead Level: ☐ Not at risk OR ☐ Lead level: _____ TB: ☐ Not at risk OR Test Result: ☐ Normal ☐ Abnormal

Screens Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal

☐ Oral Health: ☐ Normal ☐ Abnormal Developmental Screen: ☐ ASQ ☐ PEDS ☐ Other: _____

Developmental Concerns: _____ Recommended Follow-up: _____

PROVIDER SIGNATURE

Next Well Visit: ☐ Per AAP Guidelines* or ☐ Age: _____

This child is healthy and may participate in all routine activities in school, childcare, or camp. Any concerns or exceptions are identified on this form.

_____

Signature of Healthcare Provider (certifying form reviewed)

_____

Date

*The AAP recommends Well Child Visits at 2, 4, 6, 9, 12, 15, 18, 24, and 30 months, and annually after 3 years.

OFFICE STAMP

Or write Name, Address, Phone Number, Email

The form was created by the American Academy of Pediatrics, Colorado Chapter and Healthy Child Care Colorado to satisfy childcare and Head Start requirements in Colorado. While accepted by most schools, childcare programs and camps, this is not an official government form. Updated 01/2021.

COLORADO CERTIFICATE OF IMMUNIZATION

cdphe.colorado.gov/immunization

COLORADO
Department of Public Health & Environment

This form is to be completed by a health care provider (physician [MD, DO], advanced practice nurse [APN] or delegated physician's assistant [PA]) or school health authority. School-required immunizations follow the Advisory Committee on Immunization Practices (ACIP) schedule. If the student provides an immunization record in any other format apart from this Certificate or an Approved Alternate Certificate (details found at cdphe.colorado.gov/immunization/forms), the school health authority must transcribe the record onto this form. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at sixth grade entry.

Student Name: **Date of birth:**

Parent/guardian:(if student is under 18 years of age and not emancipated)

Required Vaccines

	Immunization date(s) MM/DD/YY	Titer Date* MM/DD/YY
HepB Hepatitis B		
DTaP Diphtheria, Tetanus, Pertussis (pediatric)†		
Tdap Tetanus, Diphtheria, Pertussis†		
Td Tetanus, Diphtheria		
Hib *Haemophilus influenzae* type b		
IPV/OPV Polio		
PCV Pneumococcal Conjugate		
MMR Measles, Mumps, Rubella ‡		
Measles		
Mumps		
Rubella		
Varicella Chickenpox		

Varicella - date of disease		Varicella - positive screen date	

*The shaded area under "Titer Date" indicates that a titer is not acceptable proof of immunity for this vaccine.

In several instances, laboratory confirmation of positive titers are an acceptable alternative to written documentation of vaccination. A positive laboratory titer report must be provided to the school to document immunity. More information on titers can be found within the Colorado Board of Health rule 6 CCR 1009-2.
† For DTaP and Tdap, both the diphtheria and tetanus titers must be positive. A titer is never acceptable to demonstrate immunity to pertussis.
‡ Laboratory confirmation of positive titers are an acceptable alternative to the MMR vaccine only when titers for all three components (measles, mumps, and rubella) are positive.

Recommended Vaccines

	Immunization date(s) MM/DD/YY
HPV Human Papillomavirus	
RV Rotavirus	
MCV4 Meningococcal	
MenB Meningococcal	
HepA Hepatitis A	
Flu Influenza	
COVID-19	
Other	

Health care provider printed name/signature: / Date:

Student is current on required immunizations for age (circle one): OR Yes No
Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: Date:

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____

Immunization

Certificate of Nonmedical Exemption

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).1,2 From kindergarten through 12th grade, the Certificate of Nonmedical Exemption must be filed every year during the student's school enrollment/registration process.1 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: ☐ Female ☐ Male ☐ 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

*Last Name:	*First Name:	Middle Name:
Relationship to student: ☐ Mother ☐ Father ☐ Legal Guardian		

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:		
School District: ☐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.

	Diphtheria, tetanus, pertussis (DTaP)		Inactivated poliovirus (IPV)
	Tetanus, diphtheria, pertussis (Tdap)		Measles, mumps, rubella (MMR)
	Haemophilus influenzae type b (Hib)		Pneumococcal conjugate (PCV)
	Hepatitis B (HepB)		Varicella (chickenpox)

Statement of Exemption

I am the parent/guardian of the above-named student or am the student themself (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, https://childvaccineco.org/, and, 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 or my health care provider to locate my child's/my immunization record.[3]

***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: _____

☐ 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).

[1] Colorado Board of Health Rule 6 CCR 1009-2: https://cdphe.colorado.gov/schoolrequiredvaccine

[2] Recommended Immunizations from Birth through 6 Years Old: 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.

[3] 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.[4]

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

Immunization

Certificate of Medical Exemption

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.[1] The Certificate of Medical Exemption must be submitted once unless the student's information or school changes. 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: ☐ Female ☐ Male ☐ 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.

*Last Name:	*First Name:	Middle Name:
Relationship to student: ☐ Mother ☐ Father ☐ Legal Guardian		

School/Licensed Child Care Facility Information:

*School Name/Licensed Child Care Facility:		
School District:		☐ 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:
☐	Hepatitis B (HepB)	
☐	Diphtheria, tetanus, pertussis (DTaP, Tdap)	
☐	Haemophilus influenzae type b (Hib)	
☐	Inactivated poliovirus (IPV)	
☐	Pneumococcal conjugate (PCV)	
☐	Measles, mumps, rubella (MMR)	
☐	Varicella (chickenpox)	

†Refer to the ACIP *General Best Practices Guidelines for Immunization: Guide to Contraindication and Precautions* for a list of acceptable contraindications and precautions: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html.

Statement of Medical 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 Print name, title, signature:** _____ *Date: _____

Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)

***REQUIRED:** _____ (State/Territory) ***REQUIRED:** Professional License Number: _____

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).

[1] Colorado Board of Health Rule 6 CCR 1009-2: : https://cdphe.colorado.gov/schoolrequiredvaccine

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