

Please complete the Certificate of Immunization printed on the next page.
 Colorado state law requires that the camp receive this certificate from each camper. Immunization information recorded on a different form must be transcribed onto the form contained in this application.

COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO FOUR CORNERS ENCAMPMENT

Name _____		Date of Birth _____					
Parent/Guardian _____							
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION							
Vaccine		Enter complete date each immunization was given					
Hep B	Hepatitis B						
DTaP/Tdap	Diphtheria, Tetanus, Pertussis						
DT/Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV7	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox						
Vaccines recorded below this line are recommended. Recording of dates are optional.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							
To the best of my knowledge, the person named above has received the above immunizations. Do not sign unless all immunization requirements are met.							
Signed _____		Title _____		Date _____			
<small>(Physician, nurse, or school health authority)</small>							

Name _____		Date of Birth _____	
STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACION RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACION)			
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.			
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. EXENCION POR RAZONES MEDICAS: El estado de salud de la persona arriba citada es tal que la vacunacion significa un riesgo para su salud o incluso su vida; o bien, las vacunas estan contraindicadas debido a otros problemas de salud.			
Signed (Firma) _____		Date (Fecha) _____	
<small>Physician (Médico)</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. EXENCION POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religion que se opone a la inmunización.			
Signed (Firma) _____		Date (Fecha) _____	
<small>Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)</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. EXENCION POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.			
Signed (Firma) _____		Date (Fecha) _____	
<small>Parent, guardian, emancipated student/consenting minor (Padre, tutor, estudiante emancipado o consentimiento del menor)</small>			

COPHE-BMM-GTRC Rev. 5/07

All medical records submitted to Four Corners Encampment will be kept confidential. Records will be consulted when medical care is needed.