



**COLORADO**  
Department of Public  
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

To: Members of the State Board of Health

From: Lynn Trefren, RN, MSN, Immunization Branch Chief, Disease Control and Environmental Epidemiology, Disease Control and Environmental Epidemiology Division (DCEED)

Through: Rachel Herlihy, MD, MPH, DCEED Director RH

Date: March 31, 2017

Subject: **Request for Rulemaking Hearing**  
Proposed changes to Board of Health Rules and Regulations 6 CCR 1009-2, The Infant Immunization Program and The Immunization of Students Attending School for the rulemaking hearing to occur June 2017

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In preparation for a Public Rulemaking Hearing, please find copies of the following documents: Statement of Basis and Purpose and Specific Statutory Authority, Regulatory Analysis, Stakeholder Comment, and Proposed Amendments to 6 CCR 1009-2.

The Colorado Department of Public Health and Environment has the legal authority, established in Colorado law, to protect students and the general population from vaccine preventable disease. Child care facilities, schools, and colleges/universities are bound by law to ensure students meet the vaccine requirements as established by the Colorado Board of Health. Colorado's vaccine requirements have contributed to higher vaccine coverage and lower levels of vaccine preventable disease.

The proposed amendments will incorporate by reference the 2017 Advisory Committee on Immunization Practices (ACIP) recommended vaccine schedules, clarify that a positive titer is acceptable documentation in lieu of immunization for certain required vaccines, add language to implement the requirements of Senate Bill 16-158 and House Bill 16-1425, and clarify that parents/guardians of students, emancipated students, and students over 18 may opt out of the immunization tracking system at any time.

Finally, The Department proposes a minor reorganization of the rule that reverses the order of Sections II and III. The Department feels this rule should list the vaccine requirements first before describing how to exempt from these requirements. This proposed change is a non-substantive change – neither the vaccine requirements nor exemption procedures are changing.

The Department is aware of Senate Bill 17 - 250 entitled "Concerning the Exemption of a Student From the Requirement of Immunizations for Attendance at School". Depending on the outcome of this legislation, additional proposed changes to this rule may result at a later date.

In total, these proposed amendments align our rules with statute, continue to bring clarity to the rules and minimize potential confusion among end-users of the rules. As always, the Department will continue to solicit and incorporate stakeholder feedback.

STATEMENT OF BASIS AND PURPOSE  
AND SPECIFIC STATUTORY AUTHORITY  
for Amendments to 6 CCR 1009-2

The Infant Immunization Program and the Immunization of Students Attending School

**Basis and Purpose.**

Colorado requires all students to be immunized, per the vaccine schedule established by Colorado Board of Health (BOH) rule 6 CCR 1009-2, upon school entry. The purpose of the immunization requirements for school entry is to protect students, staff, and the visiting public against vaccine-preventable diseases within schools.

The following changes to the rule are being proposed:

1. In 2014, this rule incorporated by reference the Advisory Committee on Immunization Practices (ACIP) recommended vaccine schedules and removed a complicated chart listing the required doses. The Department proposes to incorporate by reference the 2017 ACIP Birth -18 Years and "Catch-Up" Recommended Immunization Schedule for only those vaccines required in this rule. This proposed change is a non-substantive update to ensure the number, timing and spacing of the required vaccines aligns with the current schedules set forth by ACIP.
2. The Department proposes adding language to Section I "Definitions" to implement the requirements of House Bill 16-1425. This legislation amended the definition of a 'student' to exclude any "child who enrolls and attends a licensed childcare center, as defined in Section 26-6-102 (1.5), C.R.S., which is located at a ski area, for up to fifteen days or less in a fifteen-consecutive-day period, no more than twice in a calendar year, with each fifteen-consecutive-day period separated by at least sixty days". The portion of the bill that requires licensed childcare centers located at a ski area to notify parents that they allow children to enroll and attend on a short-term basis without proof of immunization will not be incorporated into these rules. Instead, the requirement will be incorporated into the Colorado Department of Human Services childcare licensing rules.
3. The Department proposes adding language to Section III "Minimum Immunization Requirements" and Section VI "Official School Immunization Records" to account for a positive titer in lieu of immunization for certain required vaccines. A titer is a laboratory test that measures the presence and amount of antibodies in blood and may be used to prove immunity to certain diseases. If the test is positive (above a particular known value), the individual has immunity to that disease and no vaccine is required at that time. Immunity to polio, measles, mumps, rubella, varicella, and hepatitis B can be measured by titer and is an acceptable replacement for immunization. A titer is not an acceptable replacement for diphtheria, *Haemophilus influenzae* type b, tetanus or pneumococcal vaccines.
4. The Department proposes adding language to Section II "Exemptions from Immunization" (A); Section VI "Official school immunization records" (A) and (B); and Section IX "Requirements for college and university students, colleges and universities" (A) and (E) to implement the requirements of Senate Bill 16-158. The proposed language indicates the documents described in these sections may also be signed by a delegated physician's assistant or come from the records of a delegated physician's assistant.
5. The Department proposes adding language to Section II "Exemptions from Immunization" (F) to clarify that parents/guardians of students, emancipated students, and students over 18 may opt out of the

immunization tracking system at any time. The proposed language is a substantive change that aligns rule with statute and provides additional clarity.

6. The Department proposes a minor reorganization of the rule such that Section III “Minimum Immunization Requirements” becomes Section II. Thus, current Section II “Exemptions from Immunization” will become Section III. This proposed change is intended to bring clarity to the rule; the Department feels this rule should list the vaccine requirements before describing how to exempt from these requirements. This proposed change is a non-substantive change – neither the vaccine requirements nor exemption procedures are changing.

In total, these proposed amendments align this rule with statute, continues to bring clarity to the rule and minimizes potential confusion among end-users of the rule.

**Specific Statutory Authority.**

These rules are promulgated pursuant to the following statutes:

§ 25-4-903, C.R.S.

§ 25-4-904, C.R.S.

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SUPPLEMENTAL QUESTIONS

**Is this rulemaking due to a change in state statute?**

xx (in part)\_\_\_ Yes, the bill numbers are SB 16-158 and HB 16-1425; rules are \_\_XX\_  
authorized \_\_\_ required.  
 No

**Is this rulemaking due to a federal statutory or regulatory change?**

Yes  
x\_\_\_ No

**Does this rule incorporate materials by reference?**

x\_(not new)\_\_\_ Yes  
 No

**Does this rule create or modify fines or fees?**

Yes  
x\_\_\_ No

**REGULATORY ANALYSIS**

for Amendments to 6 CCR 1009-2

The Infant Immunization Program and The Immunization of Students Attending School

**1. A description of the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.**

The classes of people affected by the proposed amendments to the rule include: students immunized against vaccine preventable diseases as required for school attendance and their parents/guardians, students with exemptions from required vaccines and their parents/guardians, health care providers, local public health agencies (LPHA), school nurses, childcare health consultants and other school staff who ensure students are appropriately vaccinated for attendance at Colorado schools.

The proposed amendments update the rule to incorporate by reference the 2017 ACIP vaccine schedules, and offer clarification or alignment with statute. School nurses, childcare health consultants, health care providers, LPHAs and other school staff who ensure students are appropriately vaccinated for attendance at Colorado schools will benefit specifically from the proposed amendments, as they will make the rule easier to understand and implement. Students and their parents/guardians will benefit from the proposed amendments to update to the 2017 ACIP schedules, as this will ensure they are vaccinated according to the most protective schedule. Furthermore, students and parents/legal guardians of students who obtain health care from a physician's assistant will benefit from this rule as delegated physician's assistants may now complete the required forms.

There will not be a burden of increased costs for any class of people.

**2. To the extent practicable, a description of the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.**

The proposed amendments are for the purposes of clarification or alignment with statute; positively impacting end-users of the rule by making it easier to implement. No new requirements are being proposed.

**3. The probable costs to the agency and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.**

As the proposed amendments do not add new requirements and largely seek to clarify existing requirements, or align requirements with statute, there is no anticipated cost of compliance with the proposed amendments to the rule. There will be no anticipated effect on state revenues.

**4. A comparison of the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.**

There are no costs of compliance with the proposed amendments to the rule; the proposed amendments do not add any new substantive requirements. The benefits of the proposed amendments include alignment with statute, bringing clarity to and reducing confusion for the end users of the rule.

**5. A determination of whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.**

The proposed amendments to the rule are not intrusive because they are expected to provide clarity to end users of the rule. Furthermore, the proposed amendments should strengthen our partnership with our community stakeholders in schools, childcares and colleges and universities as the proposed amendments add clarification and alignment with statute. The proposed amendments have no anticipated cost.

**6. Alternative Rules or Alternatives to Rulemaking Considered and Why Rejected.**

The only alternative considered was to leave the rule as adopted. This was rejected because recent legislation, updates to the ACIP schedule, and needed clarity about acceptable titers necessitated changes in this rule. The proposed changes implement portions of SB 16-158 and HB 16-1425.

**7. To the extent practicable, a quantification of the data used in the analysis; the analysis must take into account both short-term and long-term consequences.**

Not Applicable

STAKEHOLDER COMMENTS  
for Amendments to 6 CCR 1009-2

The Infant Immunization Program and The Immunization of Students Attending School

**The following individuals and/or entities were included in the development of these proposed rules:**

As the proposed amendments incorporate recent legislation, and clarify existing sections of rule, the department developed the proposed rules and sought feedback through an early stakeholder engagement process. Feedback was solicited from approximately 25,000 individuals representing: members of the public, parents/students, Local Public Health Agencies, Federally Qualified Health Centers, Community Health Clinics, Rural Health Centers, Hospitals, Colorado colleges and universities, Vaccines for Children providers, Colorado Immunization Information System (CIIS) users, Colorado Association of Physician Assistants, local immunization coalitions, school nurses, Child Care Health Consultants, Colorado schools and child care facilities, Children's Campaign, Colorado Academy of Family Physicians, the Colorado Medical Society, Colorado Chapter of the American Academy of Pediatrics, Colorado Children's Immunization Coalition, Colorado Coalition for Vaccine Choice, Colorado Student Health Services Consortium, National Vaccine Information Center, Vaccinate for Healthy Communities, and Voices for Vaccines

**The following individuals and/or entities were notified that this rule-making was proposed for consideration by the Board of Health:**

Members of the public, parents/students, Local Public Health Agencies, Federally Qualified Health Centers, Community Health Clinics, Rural Health Centers, Hospitals, Colorado colleges and universities, Vaccines for Children providers, CIIS users, Colorado Association of Physician Assistants, local immunization coalitions, school nurses, Child Care Health Consultants, Colorado schools and child care facilities, Children's Campaign, Colorado Academy of Family Physicians, the Colorado Medical Society, Colorado Chapter of the American Academy of Pediatrics, Colorado Children's Immunization Coalition, Colorado Coalition for Vaccine Choice, Colorado Student Health Services Consortium, National Vaccine Information Center, Vaccinate for Healthy Communities, and Voices for Vaccines

**Summarize Major Factual and Policy Issues Encountered and the Stakeholder Feedback Received. If there is a lack of consensus regarding the proposed rule, please also identify the Department's efforts to address stakeholder feedback or why the Department was unable to accommodate the request.**

The Department's outreach to stakeholders has been ongoing with open communication among all stakeholder groups. Several stakeholders reached back to the Department to indicate the proposed changes were helpful and added clarity. To date, the proposed amendments have not generated any controversy.

**Please identify health equity and environmental justice (HEEJ) impacts. Does this proposal impact Coloradans equally or equitably? Does this proposal provide an opportunity to advance HEEJ? Are there other factors that influenced these rules?**

The proposed rule amendments promote health equity as they are meant to clarify and streamline the rules so they are more easily understood by school nurses, childcare health consultants, college/university student health staff, health care providers, LPHAs and other staff who ensure that students are appropriately vaccinated for attendance at Colorado schools. It is anticipated that broader understanding of the rule requirements, and alignment of rule with statute, will lead to greater compliance, which could reduce the incidence of vaccine preventable disease. There are no environmental justice impacts.

**DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT****Disease Control and Environmental Epidemiology Division****THE INFANT IMMUNIZATION PROGRAM AND IMMUNIZATION OF STUDENTS ATTENDING****SCHOOL****6 CCR 1009-2**

- 1 \_\_\_\_\_
- 2 **I. Definitions**
- 3 \*\*\*
- 4 C. College or university student - any student who is enrolled for one or more classes at a college  
5 or university and who is physically present at the institution. This includes students who are  
6 auditing classes but does not include persons taking classes online or by correspondence only.
- 7 \*\*\*
- 8 L. School - all child care facilities licensed by the Colorado Department of Human Services  
9 including: child care centers, school-age child care center, preschools, day camps, resident  
10 camps, day treatment centers, family child care homes, foster care homes, and head start  
11 programs; public, private, or parochial kindergarten, elementary or secondary schools through  
12 grade twelve, or a college or university. Schools do not include a public services short-term child  
13 care facility as defined in Section 26-6-102 (6.7), C.R.S., a guest child care facility as defined in  
14 Section 26-6-102 (5), C.R.S., a ski school as defined in Section 26-6-103.5 (6), C.R.S., or college or  
15 university classes which are: offered off-campus; offered to nontraditional adult students as  
16 defined by the governing board of the institution; offered at colleges or universities which do  
17 not have residence hall facilities, or; online only.
- 18 \*\*\*
- 19 O. Student - any person enrolled in a Colorado school as defined in I (L), except:
- 20 1. A CHILD WHO ENROLLS AND ATTENDS A LICENSED CHILD CARE CENTER, AS DEFINED IN  
21 SECTION 26-6-102 (1.5), C.R.S., WHICH IS LOCATED AT A SKI AREA, FOR UP TO FIFTEEN  
22 DAYS OR LESS IN A FIFTEEN-CONSECUTIVE-DAY PERIOD, NO MORE THAN TWICE IN A  
23 CALENDAR YEAR, WITH EACH FIFTEEN-CONSECUTIVE-DAY PERIOD SEPARATED BY AT  
24 LEAST SIXTY DAYS, AND
- 25 2. college and university students as defined in section I(C).
- 26 ~~II~~ **III. Exemptions from Immunization**

27 It is the responsibility of the parent(s) to have his or her student immunized unless the student is  
28 exempted. A student may be exempted from receiving the required immunizations in the following  
29 manner:

- 30 A. Medical exemption - By submitting a medical exemption form with the statement of medical  
31 exemption signed by an advanced practice nurse, A DELEGATED PHYSICIAN'S ASSISTANT, or  
32 physician licensed to practice medicine or osteopathic medicine in any state or territory of the  
33 United States indicating that the physical condition of the student is such that immunizations  
34 would endanger his/her life or health or is medically contraindicated due to other medical  
35 conditions. This form is to be submitted once, and must be maintained on file at each new  
36 school the student attends.
- 37 B. Religious exemption - By submitting a nonmedical exemption form signed by the parent(s) or  
38 the emancipated student indicating that the parent(s) or emancipated student is an adherent to  
39 a religious belief whose teachings are opposed to immunizations.

40 Beginning July 1, 2016,

- 41 1. Prior to kindergarten entry, a nonmedical exemption form must be submitted at each  
42 interval in the ~~2016~~ ACIP Birth-18 years immunization schedule at which immunizations  
43 are due. The ~~2016~~ ACIP immunization schedule is incorporated in Section ~~III~~ II (B). This  
44 documentation is required only for those vaccines required to prevent the diseases  
45 listed in Section ~~III~~ II (A). Exemptions will expire at the time next immunizations are due  
46 according to the ~~2016~~ ACIP birth-18 years immunization schedule or when the student is  
47 enrolled to attend kindergarten.
- 48 2. From kindergarten through twelfth grade, a nonmedical exemption form must be  
49 submitted once per school year. Exemptions will expire annually on June 30<sup>th</sup>, the last  
50 official day of the school year.
- 51 C. Personal belief exemption - By submitting a nonmedical exemption form signed by the parent(s)  
52 or the emancipated student indicating that the parent(s) or emancipated student has a personal  
53 belief that is opposed to immunizations.

54 Beginning July 1, 2016,

- 55 1. Prior to kindergarten entry, a nonmedical exemption form must be submitted at each  
56 interval in the ~~2016~~ ACIP Birth-18 years immunization schedule at which immunizations  
57 are due. The ~~2016~~ ACIP immunization schedule is incorporated in Section ~~III~~ II-(B). This  
58 documentation is required only for those vaccines required to prevent the diseases  
59 listed in Section ~~III~~ II (A). Exemptions will expire at the time next immunizations are due  
60 according to the ~~2016~~ ACIP birth-18 years immunization schedule or when the student is  
61 enrolled to attend kindergarten.
- 62 2. From kindergarten through twelfth grade, a nonmedical exemption form must be  
63 submitted once per school year. Exemptions will expire annually on June 30<sup>th</sup>, the last  
64 official day of the school year.
- 65 D. In the event of an outbreak of disease against which immunization is required, no exemption or  
66 exception from immunization shall be recognized and exempted persons may be subject to  
67 exclusion from school and quarantine.

68 E. All information distributed to the parent(s) by school districts regarding immunization shall  
69 inform them of their rights under Section # III (A-D).

70 F. If the school chooses to use the immunization tracking system to monitor compliance with the  
71 school law, and the parent(s) or student submits an exemption, the school must submit the  
72 exemption information to the immunization tracking system. PARENTS, EMANCIPATED  
73 STUDENTS, AND STUDENTS OVER 18 YEARS OF AGE HAVE THE OPTION TO EXCLUDE THEIR OR  
74 THEIR STUDENT'S IMMUNIZATION INFORMATION FROM THE IMMUNIZTION TRACKING SYSTEM  
75 AT ANY TIME.

76 ~~III~~. II. **Minimum Immunization Requirements**

77 A. To attend school, a student must have an age appropriate Certificate of Immunization. Meeting  
78 the initial immunization requirements does not exempt a student from meeting subsequent age  
79 requirements. This certificate must demonstrate immunization against the following diseases:

- 80 1. Hepatitis B
- 81 2. Pertussis
- 82 3. Tetanus
- 83 4. Diphtheria
- 84 5. *Haemophilus Influenzae* Type B (HIB)
- 85 6. Pneumococcal disease
- 86 7. Polio
- 87 8. Measles
- 88 9. Mumps
- 89 10. Rubella
- 90 11. Varicella

91 B. The minimum number of doses required by age of the student is set forth in the ~~2016~~ 2017 ACIP  
92 Birth– 18 Years Recommended Immunization Schedule or the ~~2016~~ 2017 ACIP Catch-Up  
93 Immunization Schedule.

- 94 1. The ~~2016~~ 2017 ACIP Birth-18 Years Recommended Immunization Schedule (Schedule)  
95 is incorporated by reference for only those vaccines required to prevent the diseases  
96 listed in Section # II, Provision A. Other immunizations included in the ACIP  
97 recommendations are not required. This schedule is posted on the Centers for Disease  
98 Control and Prevention website at:  
99 [https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-](https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf)  
100 [schedule.pdf ~~http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html~~](https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html) or on  
101 the Colorado Department of Public Health and Environment website at  
102 [[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)], and is available for public inspection during regular  
103 business hours at the Colorado Department of Public Health and Environment, 4300  
104 Cherry Creek Drive South, Denver, Colorado 80246. Copies of the recommended

105 schedules are available from the Colorado Department of Public Health and  
106 Environment for a reasonable charge that comports with the Department's record  
107 request practices. This rule does not include any later amendments or editions of the  
108 ACIP Schedule.

109 2. In addition, the ~~2016~~ 2017 ACIP Catch-Up Immunization Schedule is incorporated by  
110 reference for those children not fully immunized and only for those vaccines required to  
111 prevent the diseases listed in Section III II, Provision A. Other immunizations included in  
112 the ACIP recommendations are not required. This recommended schedule is posted on  
113 the Centers for Disease Control and Prevention website at:  
114 [https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-](https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf)  
115 [schedule.pdf](https://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html) <http://www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html> or on the  
116 Colorado Department of Public Health and Environment website at  
117 [www.coloradoimmunizations.com], and is available for public inspection during regular  
118 business hours at the Colorado Department of Public Health and Environment, 4300  
119 Cherry Creek Drive South, Denver, Colorado 80246. Copies of the recommended  
120 schedules are available from the Colorado Department of Public Health and  
121 Environment for a reasonable charge that comports with the department's record  
122 request practices. This rule does not include any later amendments or editions of the  
123 ACIP Catch-Up Schedule.

124 C. Students between the ages of 4 through 6 years are required to receive their final doses of  
125 Diphtheria, Tetanus, and Pertussis (DTaP), Inactivated Polio Vaccine (IPV), Measles, Mumps, and  
126 Rubella (MMR) and Varicella prior to kindergarten entry.

127 D. Students are required to have administered Tetanus, Diphtheria, Pertussis (Tdap) prior to entry  
128 into 6th grade. One dose of Tdap is a requirement for 6th through 12th grades.

129 E. IMMUNITY TO POLIO, MEASLES, MUMPS, RUBELLA, VARICELLA, AND HEPATITIS B CAN BE  
130 MEASURED BY TITER AND IS AN ACCEPTABLE REPLACEMENT FOR IMMUNIZATION. A TITER IS  
131 NOT AN ACCEPTABLE REPLACEMENT FOR DIPHTHERIA, TETANUS, HAEMOPHILUS INFLUENZAE  
132 TYPE B OR PNEUMOCOCCAL VACCINES.

133 ...

## 134 VI. **Official school immunization records**

135 A. Official school immunization records shall include:

136 1. An official Certificate of Immunization or an Alternate Certificate of Immunization  
137 approved by the Department of Public Health and Environment shall include one of the  
138 following forms of documentation with the dates and types of immunizations  
139 administered to a student:

140 a. A paper or electronic document that includes information transferred from the  
141 records of a licensed physician, registered nurse, A DELEGATED PHYSICIAN'S  
142 ASSISTANT, or public health official, or

143 b. An electronic file or hard copy of an electronic file provided to the school  
144 directly from the immunization tracking system established pursuant to Section  
145 25-4-2403, C.R.S., or from a software program approved by the Department of  
146 Public Health and Environment, or

- 147 2. An official medical exemption form with the date and vaccines exempted from, or
- 148 3. An official nonmedical exemption form with the date, type of exemption taken and the
- 149 vaccines exempted from.
- 150 B. Any immunization record (original or copy) provided by a physician licensed to practice medicine
- 151 or osteopathic medicine in any state or territory of the United States, registered nurse, A
- 152 DELEGATED PHYSICIAN'S ASSISTANT, or public health official may be accepted by the school
- 153 official as proof of immunization. The information is to be verified by the school official and
- 154 transferred to an official Certificate of Immunization.
- 155 C. Schools shall have on file an official school immunization record for every student enrolled. The
- 156 official school immunization record will be kept apart from other school records. When a
- 157 student withdraws, transfers, or is promoted to a new school, the school official shall return the
- 158 Certificate of Immunization to the parent(s) or emancipated student upon request or transfer it
- 159 with the student's school records to the new school. Upon a college or university student's
- 160 request, the Certificate of Immunization shall be forwarded as specified by the student.

161 VII. **Reporting of Statistical Information**

- 162 A. On December 1, 2016, and each year thereafter, any child care center, preschool or head start
- 163 program that is licensed by the Colorado Department of Human Services to provide care to ten
- 164 or more children and are not exempt from reporting pursuant to Paragraph B of this Section,
- 165 and; public, private, or parochial schools with kindergarten, elementary or secondary schools
- 166 through grade twelve, shall send aggregate immunization and exemption data, by antigen, to
- 167 the Department of Public Health and Environment.

168 Required data shall include:

- 169 1. Total number of students and total number of kindergarten students enrolled in the
- 170 school;
- 171 2. Total number of students and total number of kindergarten students who are up-to-
- 172 date with immunizations as required in Section III II;
- 173 3. Total number of students and total number of kindergarten students who have a
- 174 medical exemption for all immunizations as required in Section III II;
- 175 4. Total number of students and total number of kindergarten students who have a
- 176 medical exemption for one or more but not all immunizations as required in Section III
- 177 II;
- 178 5. Total number of students and total number of kindergarten students who have a
- 179 religious exemption for all immunizations as required in Section III II;
- 180 6. Total number of students and total number of kindergarten students who have a
- 181 religious exemption for one or more but not all immunizations as required in Section III
- 182 II;
- 183 7. Total number of students and total number of kindergarten students who have a
- 184 personal belief exemption for all immunizations as required in Section III II;

- 185 8. Total number of students and total number of kindergarten students who have a  
186 personal belief exemption for one or more but not all immunizations as required in  
187 Section III II;
- 188 9. Total number of in-process students and total number of in-process kindergarten  
189 students;
- 190 10. Total number of students and total number of kindergarten students not up-to-date for  
191 immunizations as required in ~~part III~~ Section II, with no exemption on file, and not in-  
192 process; and
- 193 11. Total number of students and total number of kindergarten students with no  
194 immunization records.

195 \*\*\*

196 ...

197 **IX. Requirements for college and university students, colleges and universities.**

198 The provisions below apply only to colleges or universities, or students enrolled in a college or  
199 university.

200 A. Exemptions from immunization

201 A college or university student may be exempted from receiving required immunizations in the  
202 following manner:

- 203 1. Medical exemption - By submitting a medical exemption form with the statement of  
204 medical exemption signed by an advanced practice nurse, A DELEGATED PHYSICIAN'S  
205 ASSISTANT, or physician licensed to practice medicine or osteopathic medicine in any  
206 state or territory of the United States indicating that the physical condition of the  
207 college or university student is such that immunizations would endanger his/her life or  
208 health or is medically contraindicated due to other medical conditions. This form is to be  
209 submitted once, and must be maintained on file at each new school the college or  
210 university student attends.

211 \*\*\*

212 E. Official school immunization records

213 1. Official school immunization records shall include one of the following:

- 214 A. An official certificate of immunization or an alternate certificate of  
215 immunization approved by the Department of Public Health and Environment,  
216 which shall include one of the following forms of documentation with the dates  
217 and types of immunizations administered to a college or university student:

- 218 1. A paper or electronic document that includes information transferred  
219 from the records of a licensed physician, registered nurse, A DELEGATED  
220 PHYSICIAN'S ASSISTANT, or public health official, or

- 221                                   2.        An electronic file or hard copy of an electronic file provided to the  
222                                   school directly from the immunization tracking system established pursuant to  
223                                   Section 25-4-2403 C.R.S. or from a software program approved by the  
224                                   Department of Public Health and Environment, or
- 225                                   B.        An official medical exemption form with the date and vaccines exempted from,  
226                                   or
- 227                                   C.        An official nonmedical exemption form with the date, type of exemption taken  
228                                   and the vaccines exempted from.
- 229                                   2.        Any immunization record (original or copy) provided by a physician licensed to practice  
230                                   medicine or osteopathic medicine in any state or territory of the United States,  
231                                   registered nurse, A DELEGATED PHYSICIAN'S ASSISTANT, or public health official may be  
232                                   accepted by the school official as proof of immunization.
- 233                                   3.        Schools shall have on file an official school immunization record for every college or  
234                                   university student enrolled.
- 235                                   ...
- 236