



Immunization

Certificate of Nonmedical Exemption

“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. A nonmedical exemption must be on file for when a camper/participant is due for vaccines according to the schedule developed by the ACIP. Students with a recorded immunization exemption may be kept out of a childcare facility, school, or community-based congregate setting (i.e. camp) during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Parents should be ready to pick up their child in the event a communicable situation arises.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

Camper or Staff Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

Parent/Guardian Completing This Form: ☐ Check if an emancipated student or individual over 18 years old

Last Name:	First Name:	Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian		

Vaccines for Program Entry - Place an “X” next to each vaccine for which you are claiming a nonmedical exemption.

<input type="checkbox"/>	Coronavirus (COVID-19)	<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 (PCV13)
<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>	Varicella (chickenpox)

Statement of Exemption

I am the parent/guardian of the above named camper/minor staff or I am an adult staff (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.spreadthefacts.com/, www.immunizeforgood.com/ for additional information on the benefits and risks of vaccines and the diseases they prevent. The camp and its constituents are in no way responsible in the event the camper or staff develop a communicable condition while participating at camp.

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 Prescriber License Number: _____

² 2021 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 nonmedical exemption would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.