

Colorado Vaccine Exemptions: Implementation, Insight and IIS

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COLORADO
Department of Public
Health & Environment

Policy

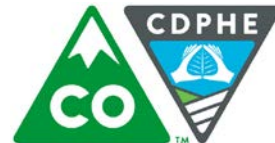
- Prior to 7/1/16, exemptions were valid for the entirety of a student's schooling
- Colorado Board of Health rule 6 CCR 1009-2
 - Medical exemptions
 - Non-medical exemptions
 - K-12: annual submission, expires June 30 each year
 - Pre-K: per ACIP schedule



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Implementation

- Restructured Certificate of Immunization, separate exemption forms
- Communication
 - Regional school nurse meeting updates, press release, annual parent letter, conferences, school nurse and CCHC listservs
- Dedicated website: www.colorado.gov/vaccineexemption
 - Outlines legislation and requirements
 - Multilingual hard copy downloads
 - Online non-medical exemption form
- Dedicated support staff



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Services & information

Boards & commissions

Divisions

Concerns & emergencies

Data

News

LPHAs

Vaccine Exemptions

[Back to Immunization](#)

Colorado law requires all students attending Colorado schools and licensed child cares to be vaccinated against certain diseases, unless an official exemption form is filed. **Beginning July 1, 2016, new official exemption forms are required and must be submitted more often (Colorado Board of Health rule 6 CCR 1009-2). There are several options you can use to submit the forms.** You must file an exemption form for each school or child care the student attends. Outdated or alternate forms are not allowed. For the safety of unvaccinated children, students with an exemption from one or more required vaccines may be kept out of a school or child care during a disease outbreak.

Medical exemption form download

[English](#) | [Spanish](#) (Español) | [Vietnamese](#) (Tiếng Việt) | [Korean](#) (한국어)
[Chinese](#) (中文) | [French](#) (français) | [Russian](#) (русский)

[Non-medical exemption form](#) online

Non-medical exemption form download

[English](#) | [Spanish](#) (Español) | [Vietnamese](#) (Tiếng Việt) | [Korean](#) (한국어)
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Non-medical exemption form download

[English](#) | [Spanish](#) (Español) | [Vietnamese](#) (Tiếng Việt) | [Korean](#) (한국어)
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Medical exemptions:

- Students with medical exemptions signed by a medical doctor, doctor of osteopathic medicine, advanced practice nurse or delegated physician assistant need to submit this form only once, unless the student's information or school changes.
- Medical exemptions can be claimed by submitting a form to us for inclusion in the Colorado Immunization Information System (immunization registry) or by submitting the form directly to your child's school or child care. Check with your child's school or child care to determine whether it requires a paper copy of the exemption form.
- Exemptions submitted for inclusion in the immunization registry are confidential. See Section 25-4-2403(3), C.R.S.

Non-medical (personal or religious belief) exemptions:

- Students in grades K-12 claiming a non-medical exemption must submit the non-medical exemption form annually. The exemptions expire June 30 each year.
- Parents of students in preschool or child care must submit exemption forms at 2, 4, 6, 12 and 18 months of age. These exemptions expire when the next vaccines are due or when the child enrolls in kindergarten.
- Non-medical exemptions can be claimed by submitting the online form (see link above) to us for inclusion in the immunization registry, or by submitting the form directly to your child's school or child care. Check with your child's school or child care to determine whether it requires a paper copy of the exemption form.
- Exemptions submitted for inclusion in the immunization registry are confidential. See Section 25-4-2403(3), C.R.S.

To submit forms to us (optional):

Confidential Fax:

(303) 758-3640

Attn: Vaccine Exemption

Mail:

Colorado Immunization Branch

www.colorado.gov/vaccineexemption



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Non-Medical Exemption Form

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million children's lives every year. The Colorado Department of Public Health and Environment strongly supports vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all children, the benefits of preventing disease with a vaccine far outweigh the risks. Declining to follow the advice of a health care provider, or public health official who has recommended vaccines may endanger an unvaccinated child's health and others who come into contact with him/her. Some vaccine-preventable diseases are common in other countries and unvaccinated children could easily get one of these diseases while traveling or from a traveler.

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 official exemption form is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Prior to kindergarten, an official non-medical exemption form must be filed each time a student is due for vaccines according to the schedule developed by the Advisory Committee on Immunization Practices.^{1,2} From kindergarten through 12th grade, an official non-medical exemption form must be filed every year during the student's school enrollment/registration process. **Students with an exemption may be kept out of child care or school during a disease outbreak.**

Complete all shaded fields below. Incomplete forms will not be accepted.

Type of Non-Medical Exemption Claimed:

I Student Information: (Completed by parent/guardian, emancipated student or student over 18 years old)

I Check if an emancipated student or student over 18 years old

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Gender	<input type="text"/>	Date of Birth	<input type="text"/>	Grade	<input type="text"/>
Street #	<input type="text"/>	Street Prefix	<input type="text"/>	Street Name	<input type="text"/>
Street Type	<input type="text"/>	Street Suffix	<input type="text"/>	Unit #	<input type="text"/>
State	<input type="text"/>	City	<input type="text"/>	Zip Code	<input type="text"/>
Email Address	<input type="text"/>	County	<input type="text"/>	PO Box	<input type="text"/>
Phone Number	<input type="text"/>	Type of Phone Number	<input type="text"/>		

I Parent/Guardian Completing This Form

II Same Address As Student

Last Name	<input type="text"/>	First Name	<input type="text"/>	Middle Name	<input type="text"/>
Relationship to student	<input type="text"/>				
Street #	<input type="text"/>	Street Prefix	<input type="text"/>	Address	<input type="text"/>
Street Type	<input type="text"/>	Street Suffix	<input type="text"/>	Unit #	<input type="text"/>
				PO Box	<input type="text"/>

Online Non-medical Exemption Form



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Search for your/your child's school, child care, preschool or camp. If not listed, click NEW to add.

Search Child Care Facilities/ Preschool

New Clear

¹2015 Recommended immunizations from [Birth through 6 Years Old](#). Based on this schedule, a non-medical exemption form would be submitted at 2 months, 4 months, 6 months, 12 months and 18 months of age.

²Colorado Board of Health rule 6 CCR 1009-2: <http://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=64173&Name=6%20CCR%201009-2>

Required Vaccines for Entering School

The information below is provided to ensure parents/guardians/students are informed about the risks of not vaccinating.

⬇ Drag and drop the vaccines you wish to decline into the RED BOX below:

Hepatitis B

Unvaccinated children may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects include jaundice, life long liver problems such as liver damage, scarring, liver cancer and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>

Diphtheria, tetanus, pertussis (DTaP, Tdap)

Unvaccinated children may be at increased risk of developing diphtheria, tetanus and/or pertussis if exposed to these diseases. Serious symptoms and effects of diphtheria include heart failure, paralysis, breathing problems, coma, and death. Serious symptoms and effects of tetanus include "locking" of the jaw, difficulty swallowing and breathing, seizures, painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis (whooping cough) include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures, brain damage and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

Haemophilus influenza type b (Hib)

Unvaccinated children may be at increased risk of developing invasive Hib disease if exposed to this disease. Serious symptoms and effects include bacterial meningitis, pneumonia, severe swelling in the throat, permanent neurologic damage including blindness, deafness, and mental retardation, infections of the blood, joints, bones, and covering of the heart, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.pdf>

Inactivated poliovirus (IPV)

Unvaccinated children may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects include paralysis of muscles that help control breathing, meningitis, permanent disability and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)

Unvaccinated children may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects include pneumonia, lung infections, blood infections, meningitis and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppsv23.pdf>

Measles-mumps-rubella (MMR)

Unvaccinated children may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include pneumonia, seizures, brain damage and death. Serious symptoms and effects of mumps include meningitis, painful swelling of the testicles or ovaries, sterility, deafness and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a pregnant woman gets rubella, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems and mental retardation. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

Varicella (chickenpox)

Unvaccinated children may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects include severe skin infections, pneumonia, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

Declined Vaccines

Declined Vaccines

Online Non-medical Exemption Form



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I am the parent/guardian of the above-named student or am the student himself/herself (emancipated or over 18 years of age) and am declining the vaccine(s) indicated above due to a religious or personal belief that is opposed to vaccines. The information I have provided on this form is complete and accurate.

- I may change my mind and at any time and accept vaccination(s) for my child/myself in the future.
- I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education, or 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.ColoradoIIS.com or my health care provider to locate my child's/my immunization record.

I acknowledge and agree to this document in its entirety.

CIIS inclusion
authorization

☐ Student (emancipated or over 18 yrs old) signature First Name/Last Name

(Optional) I authorize 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 First Name/Last Name

✓ Submit & Print

If you choose this option:

- You will be able to print this form for your records.
- Your/your child's exemption information will be added to the Colorado Immunization Information System (CIIS).
- If your/your child's school participates in CIIS, they will be able to access the exemption information you submitted.
- If your/your child's school does not participate in CIIS, you will need to submit a paper exemption form to your school.

Submitted to
CDPHE for
inclusion in CIIS

✓ Submit & Print

🖨️ Print Only

If you choose this option:

- You will be able to print this form for your records.
- Your/your child's exemption information will NOT be added to CIIS and you must submit a paper exemption form to your/your child's school.
- Your exemption information will be erased after printing; CDPHE will NOT store your information.

Not submitted to
CDPHE

🖨️ Print Only

Online Non-medical Exemption Form



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Immunization Medical Exemption Form

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 official exemption form is filed. This law applies to students attending child care facilities licensed by the Colorado Department of Human Services, public, private and parochial kindergarten, elementary and secondary schools through 12th grade, and colleges or universities. Students with a recorded immunization exemption 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 disease and the circumstances of the outbreak.

Please complete all required fields below; incomplete forms will not be accepted. *All fields are required unless noted optional.*

Student Information:

Last Name:	First Name:	(optional) Middle Name:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

Parent/Guardian Completing This Form:

☐ Check if an emancipated student or student over 18 years old

Last Name:	First Name:	(optional) Middle Name:
Relationship to student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian	Date of Birth:	
Street #:	Street Name:	Street Type (e.g. Ave.):
Unit #:	P.O. Box:	
City:	State: CO	Zip Code:
Email Address:	County:	
Phone Number:	<input type="checkbox"/> Home <input type="checkbox"/> Cell	

School/Licensed Child Care Facility Information:

School Name/Licensed Child Care Facility:	<input type="checkbox"/> Check if Not Applicable
School District:	
Address:	
City:	State: CO
Phone Number:	Grade of Student:

Required Vaccines for Entering School: (Check each vaccine declined)	List medical contraindication(s) for each vaccine declined
<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Diphtheria, tetanus, pertussis (DTaP, Tdap)	
<input type="checkbox"/> Haemophilus influenza type b (Hib)	
<input type="checkbox"/> Inactivated poliovirus (IPV)	
<input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)	
<input type="checkbox"/> Measles-mumps-rubella (MMR)	
<input type="checkbox"/> Varicella (chickenpox)	

The physical condition of the above named student is such that vaccination would endanger his/her life or health or is medically contraindicated due to other medical conditions:

Physician/Advanced Practice Nurse/delegated Physician Assistant Signature: _____ Date: _____

Under Colorado law, you have the option to exclude your child's/your information from CIS. To opt out of CIS, go to: www.colorado.gov/cdphe/cis-opt-out-procedure. Please be advised that you will be responsible for maintaining your child's/your immunization records to ensure school compliance.

Immunization Medical Exemption Form, August 2016



Vaccine Preventable Disease Information

The information provided below is to ensure parents/guardians/students are informed about the risks of not vaccinating.

Diphtheria, tetanus, pertussis (DTaP, Tdap) - Unvaccinated children may be at increased risk of developing diphtheria, tetanus and/or pertussis if exposed to these diseases. Serious symptoms and effects of diphtheria include heart failure, paralysis, breathing problems, coma, and death. Serious symptoms and effects of tetanus include "locking" of the jaw, difficulty swallowing and breathing, seizures, painful tightening of muscles in the head and neck, and death. Serious symptoms and effects of pertussis (whooping cough) include severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/dtap.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.pdf>

Haemophilus influenza type b (Hib) - Unvaccinated children may be at increased risk of developing invasive Hib disease if exposed to this disease. Serious symptoms and effects include bacterial meningitis, pneumonia, severe swelling in the throat, permanent neurological damage including blindness, deafness, and mental retardation, infections of the blood, joints, bones, and covering of the heart, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hib.pdf>

Hepatitis B - Unvaccinated children may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects include jaundice, life-long liver problems such as liver damage, scarring, liver cancer, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf>

Inactivated poliovirus (IPV) - Unvaccinated children may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects include paralysis of muscles that control breathing, meningitis, permanent disability, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ipv.pdf>

Measles, mumps, rubella (MMR) - Unvaccinated children may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include pneumonia, seizures, brain damage, and death. Serious symptoms and effects of mumps include meningitis, painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include rash, arthritis, and muscle or joint pain. If a pregnant woman gets rubella, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mmr.pdf>

Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23) - Unvaccinated children may be at increased risk of developing pneumococcal disease if exposed to this disease. Serious symptoms and effects include pneumonia, lung infections, blood infections, meningitis and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/pcv13.pdf> and <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/ppv.pdf>

Varicella (chickenpox) - Unvaccinated children may be at increased risk of developing varicella if exposed to this disease. Serious symptoms and effects include severe skin infections, pneumonia, brain damage, and death. For more information: <http://www.cdc.gov/vaccines/hcp/vis/vis-statements/varicella.pdf>

Required Vaccines for School Entry - Place an "X" next to each vaccine you are declining.

<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 influenza type b (Hib)	<input type="checkbox"/> Pneumococcal conjugate (PCV13) or polysaccharide (PPSV23)
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Varicella (chickenpox)

I am the parent/guardian of the above-named student or am the student himself/herself (emancipated or over 18 years of age) and am declining the vaccine(s) indicated above due to a religious or personal belief that is opposed to vaccines. The information I have provided on this form is complete and accurate.

- I may change my mind at any time and accept vaccination(s) for my child/myself in the future.
- I can review evidence-based vaccine information at www.colorado.gov/cdphe/immunization-education or 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 (CIS) at www.ColoradoCIS.com or my health care provider to locate my child's/any immunization record.

I acknowledge that I have read this document in its entirety.

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

¹ Under Colorado law, you have the option to exclude your child's/your information from CIS at any time. To opt out of CIS, go to: www.colorado.gov/cdphe/cis-opt-out-procedure. Please be advised you will be responsible for maintaining your child's/your immunization records to ensure school compliance.

Optional IIS Inclusion

- Parent/guardian can submit exemptions to CDPHE via snail mail, fax or online for inclusion in the Colorado Immunization Information System (CIIS)
 - CDPHE staff searches CIIS for patients
 - Existing patient: updates record with exemptions and school enrollment
 - New patient: creates new record and records exemptions and school enrollment
- Snail mail and fax submissions manually recorded in CIIS by CDPHE or school/child care staff



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[Home](#)
[Patients](#)
[Search](#)
[Demographics](#)
[Local IDs](#)
[Programs](#)
[Notes](#)
[Precautions/Contraindications](#)
[Events](#)
[Exemptions](#)
[Duplicates](#)
[Immunizations](#)
[Treatments](#)
[Education](#)
[IZ Quick Add](#)
[CRA Quick Add](#)

Search Criteria

Patient ID
444896

Identifier Type

Identifier Value

Last Name

First Name

Middle Name

DOB
MM/DD/YYYY

Gender

Previous Criteria

Clear

Search

Search Results - 1 record(s)

ID	Name	Insurance	Gender	DOB
444896	TEST, MAY 8908 MAIN STREET AVE ARAPAHOE, CO 80701		F	07/15/2006

Demographics

Local IDs

Programs

Precautions / Contraindications

Notes

Treatments

Events

Immunizations

Education

Duplicates

NBS

Exemptions

Exemption
Icon

Exemptions in CIIS

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PROVIDER: PHYLLIS MANUAL CLINIC CLINIC: PHYLLIS MANUAL CLINIC VFC PIN: 007

TEST, MAY

ID: 444896 DOB: 07/14/2006 AGE: 9Y 11M 3D GENDER: F

Exemptions

To create a new exemption click the "Add Exemption" button, or click "View" to edit an existing record.

Add Exemption ⓘ

View

⚠ No records found

- Create a new record...

Add/Edit Exemptions

To create a new exemption click the "Create" button, or click "Cancel" to return to the previous page. ⓘ

Add

1 Exemption Reason

2 Begin Date

3 End Date

4

5

Create **Cancel**

Selected

Documenting Exemptions



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Q Patient Search

Test Environment

Home

Patients

Immunizations

Education

Reports/Forms

Settings

Patient

College Certificate of Immunization
Immunization Record (Yellow Card)
IZ History/Risk/Recommendations
Medical Exemption
Non-Medical Exemption
Patient Immunization Summary
School Certificate of Immunization

Forms / Informational Documents

ACIP Child and Adolescent Immunization Schedule
ACIP Child and Adolescent Catch-up Immunization Schedule
ACIP Adult Immunization Schedule
CDC Travel Vaccine Recommendations
Vaccine Information Statements (VIS) - English and Spanish
Vaccine Information Statements (VIS) - Other Languages

CIIS Forms and Documents

CIIS Opt-Out Form
CIIS Rescind Opt-Out Form
CIIS Clinic Administrator Form
Immunization Materials Order Form
CIIS Notification Poster
CIIS Frequently Asked Questions

Reminder/Recall

Patient Reminder/Recall

School Nurse


Immunization Rates
Student Grade Advancement
Student Roster
Students with Active Exemptions

Version 15.4.20160527

Students with Active Exemptions Report



COLORADO
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Patient Search
Test Environment

- Home
- Patients
- Immunizations
- Education
- Reports/Forms
- Settings

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Students with Active Exemptions

Enter the selection criteria and click the 'Run Report' button.

Report Selection Criteria

School District
 COLORADO SCHOOL DISTRICT

School
 (ALL SCHOOLS)

Exemption Reason
 (ALL)

Report Type
☒ Statistical Summary
☐ Student View

Grade Range
 From K Through 12

*Students without a grade level assigned are not included in the report.

Vaccine Groups
 Available: H1N1, HEPA, HEPB, HIB, HPV, INFLUENZA, MENINGOCOCCAL, MMR/MEASLES, OTHER, PNEUMO, POLIO
 Selected (If none are selected default is ALL)

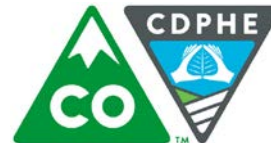
Begin Date Range
 From Date: MM/DD/YYYY To Date: MM/DD/YYYY

☒ Include Inactive?

Output Type ☒ PDF ☐ EXTRACT - Delimiter: |

Run Report Cancel

Students with Active Exemptions Report



COLORADO
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Students with Active Exemptions

July 20, 2016

School District = HOGWARTS, School = HOGWARTS SCHOOL OF WITCHCRAFT AND WIZARDRY, Grade Min = K, Grade Max = 12, Exemption Reason = (ALL EXEMPTION REASONS), Vaccine Groups = (ALL VACCINE GROUPS), Exemption Begin Date Range = (ANY), Include Inactive = NO

School District: Hogwarts

School: HOGWARTS SCHOOL OF WITCHCRAFT AND WIZ

4247230 TONKS, NYMPHADORA
123 FORBIDDEN FOREST
MONTROSE, CO 81401

DOB: 04/10/1983

(H): (W):

Local ID:

Relationship:

Father:

Primary Contact:

Mother:

Exemption Reason	Vaccination Group	Begin Date	End Date	Status
Personal Belief	Influenza	11/25/2015	11/24/2016	A

Patient Totals

Total Exemptions 1

4247248 WEASLEY, RON

DOB: 08/07/1995

(H): (W):

Local ID:

Relationship:

Father:

Primary Contact:

Mother:

Exemption Reason	Vaccination Group	Begin Date	End Date	Status
Personal Belief	HEPB	05/10/2016	05/12/2017	A

Patient Totals

Total Exemptions 1

4247249 GRANGER, HERMIONE

DOB: 05/01/1995

(H): (W):

Local ID:

Relationship:

Father:

Primary Contact:

Mother:

Exemption Reason	Vaccination Group	Begin Date	End Date	Status
Religious	MMR/Measles	05/13/2016	05/12/2017	A

Patient Totals

Total Exemptions 1

School Totals

Total Exemptions 3 Total Patients with Exemptions 3

School District Totals

Total Exemptions 3 Total Patients with Exemptions 3

Report Totals

Total Exemptions 3 Total Patients with Exemptions 3



Students with Active Exemptions

July 20, 2016

School District = HOGWARTS, School = HOGWARTS SCHOOL OF WITCHCRAFT AND WIZARDRY, Grade Min = K, Grade Max = 12, Exemption Reason = (ALL EXEMPTION REASONS), Vaccine Groups = (ALL VACCINE GROUPS), Exemption Begin Date Range = (ANY), Include Inactive = NO

	Count	Percentage (Adjusted Total)
Total Students	3	
Total Inactive Students	0	
Adjusted Total Students	3	100.00
Total Students with Exemptions	3	100.00
Students with Religious	1	33.33
Students with Personal Belief	2	66.67
Religious		
Students with Exemption for MMR/Measles	1	33.33
Personal Belief		
Students with Exemption for HEPB	1	33.33
Students with Exemption for Influenza	1	33.33

Students with Active Exemptions Report



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Challenges

- Exemption form development
 - Stakeholder involvement and planning
 - Translation services
 - Multiple revisions
- Communication
 - Non-medical school/child care staff felt under-informed
 - Differentiating between “refusals” and “exemptions”
- Anti-vaccine voices
 - Pushback
 - Alternate exemption forms
- Child care implementation
 - Uncertain adoption of new rule



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Lessons & Advice

- Exemption form development
 - Begin with the end in mind
 - Agile development: limit sprints and stick to deadlines
 - Involve business analyst in entire process
 - Engage legal counsel when drafting language
- Communication
 - Ensure uniformity of branding and message
 - Staff education and talking points, cross training
 - Multi-media approach to school and child care updates



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Questions?

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