



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 (i.e., Measles, Mumps, Rubella), as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed. While the Board of Health does not currently require vaccination against COVID-19, Colorado State University Pueblo’s COVID-19 Vaccination Policy extends this requirement to the COVID-19 vaccination unless an exemption is filed, and voluntarily adopts the principles described in § 25-4-903, C.R.S. (Exemptions from immunization—rules) for the purposes of the University’s COVID-19 Vaccination Policy. This requirement applies to all students, faculty and staff at Colorado State University Pueblo.

Persons with a recorded immunization exemption may be kept out of school or off campus during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak. Medical exemptions need to be filed only once unless the person’s information or school changes.

Please complete all required fields below and upload the form to Colorado State University Pueblo Wolfpack Wellness Center’s [Thunderwolf Health Portal](#); incomplete forms will not be accepted.

Patient Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	If OTHER please specify:

Parent/Guardian completing this form (Only if student is under 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		

School Information:

School Name: Colorado State University Pueblo		
Address: 2200 Bonforte Blvd.		
City: Pueblo	State: Colorado	Zip Code: 81001

Required Vaccine for School Entry/Employment

Check vaccine declined:	List medical contraindication(s) for each vaccine declined:
<input type="checkbox"/> SARS-CoV-2(COVID-19)	

Statement of Exemption

The physical condition of the above named person 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 Signature: _____ **Date:** _____
Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant (authorized pursuant to section 12-240-107 (6), C.R.S.)
Professional License _____

Under Colorado law, you have the option to exclude 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 immunization records to ensure school compliance.