



Immunization

Non-Medical Exemption Form

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million lives every year. The Colorado Department of Public Health and Environment and Colorado State University Pueblo strongly support vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all people, the benefits of preventing disease with a vaccine far outweigh the risks. **Declining to follow the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) immunization schedule for number, space and timing of doses, may endanger an unvaccinated individual's health and others who come into contact with them.**

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 off campus during a COVID-19 outbreak; the length of time will vary depending on the circumstances of the outbreak.

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. *All fields are required unless noted optional.*

Non-Medical Exemption Claimed:

Faculty/Staff/Student 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:

If Student is under 18 - Parent/Guardian completing this form :

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

Vaccine Preventable Disease Information

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

The **SARS-CoV-2 (COVID-19)** – Unvaccinated persons may be at increased risk of developing COVID-19 if exposed to this disease. Serious symptoms and effects include difficulty breathing, loss of taste or smell, body aches, and death. For more information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

Required Vaccine for University Enrollment or Employment

Check if declining required vaccine :
<input type="checkbox"/> SARS-CoV-2 (COVID-19)

Statement of Exemption

I am the Faculty/staff /student or the parent/guardian if student is under 18 years of age, and am declining the COVID-19 vaccine(s) indicated above due to a non-medical 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 the COVID-19 vaccination for myself in the future (or for my child).
- I have had the opportunity to review the vaccine information provided by the Colorado Department of Public Health and Environment: [Immunization education](#) and [Immunize for Good](#) for information on the benefits and risks of vaccines and the diseases they prevent OR
- I have had the opportunity to review information about what is in the [mRNA based Vaccines](#) (Pfizer and Moderna) and how they work.

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

Faculty/Staff/student (parent/guardian of student) signature _____ Date: _____

REQUIRED Provider Signature Section:

REQUIRED Print Name and Title _____

Signature: _____ Date: _____

Physician (MD, DO), Advanced Practice Nurse (APN), Physician Assistant, RN (authorized pursuant to section 12-240-107 (6), C.R.S.)

REQUIRED Colorado Professional License Number: _____

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