



COVID-19 Vaccination 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, and Rubella), as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption is filed.

While the Colorado Board of Health does not currently require documentation vaccination against COVID-19, Colorado College’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 College’s COVID-19 Vaccination Policy.

Please note: Students with a recorded immunization exemption may be asked to leave campus in the event of a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak.

This form is to be completed by health care providers or their designated staff, and signed by a health care provider (physician (MD, DO), advanced practice nurse (APN), delegated physician’s assistant (PA)). Incomplete forms will not be accepted.

Student Information:

Last name:	First name:	Middle name:
Date of Birth (mm/dd/yy):		

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		

Vaccine Required for School Entry:

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 student 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.)