COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH SCOUT ATTENDING A COLORADO SCOUT CAMP									
Name									
Parent/Guardian Dates of the Camp Session									
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CERTIFICATE OF IMMUNIZATION									
	Vaccine	(Enter the month, day and year each immunization was given.)							
Нер В	Hepatitis B								
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)								
DT	Diphtheria, Tetanus (pediatric)								
Tdap	Tetanus, Diphtheria, Pertussis								
Td	Tetanus, Diphtheria								
Hib	Haemophilus influenzae type b								
IPV/OPV	Polio								
PCV	Pneumococcal Conjugate								
MMR	Measles, Mumps, Rubella								
Varicella	Chickenpox		Healthcare Provider Documentation Date				Lab Verification Date		
	STATEM	ENT OF EXEMPTI			IIAW				
IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM CAMP AND TO QUARANTINE.									
MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.  Medical exemption to the following vaccine(s):									
Signed	Date Date		La ex	kención por razone:	s médicas aplica a la(s) s	siguiente(s) vacu	ina(s):		
	Physician (Medico)		HepE	B DTaP	Tdap Hib	IPV	PCV	MMR	VAR
<b>RELIGIOUS EXEMPTION:</b> Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.									
Cignod	Dete		Relig Exen	gious exemption nción por motives re	to the following vacu ligiosos de la(s) siguier	cine(s): nte(s) vacuna(s): □			
Signed Pa	Date Date Date Date Date Date	nor			Tdap Hib	IPV	PCV	MMR	VAR
PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.									
			Personal exemption to the following vaccine(s): Exención por creencias personales de la(s) siguiente(s) vacuna(s):						
Signed Date Parent, guardian, emancipated Scout/counseling minor					Tdap Hib				□ VAR
PARENT/GUARDIAN AUTHORIZATIONS									
Parent/Guardian Name			Parent/Guardian Name						
Parent/Guardian Address			Parent/Guardian Address						
Parent/Guardian Telephone Day EveCell			Parent/Guardian Telephone Day EveCell						
Place of Employment			Place of Employment						
Address			Address						
Phone #		·····	Phone #						
Individual authorized to take the Scout from camp if different from the parent or guardian:          Name									
	yEve		Ce	ell					
I hereby authorize the above named person to participate in all special trips or excursions in which the Scout may be walking or riding away from the campsite. Parent/Guardian/Custodial Adult Date									
The above named person is restricted from the activities listed below:									
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Parent/Guardian/Custodial Adult Date									