



# 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, Fort Lewis 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.

Students with a recorded immunization exemption may be kept out of school 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 student's information or school changes.

Please complete all required fields below and upload the form to Fort Lewis College Health Center's [secure portal](#), incomplete forms will not be accepted.

### Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X	

### 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: <b>FORT LEWIS COLLEGE</b>		
Address: <b>1000 Rim Drive</b>		
City: <b>Durango</b>	State: <b>Colorado</b>	Zip Code: <b>81301</b>

### Required Vaccine 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.)

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](http://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.