Name Date of Birth Parent/Guardian	COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH SCOUT ATTENDING A COLORADO SCOUT CAMP												
COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CERTIFICATE OF IMMUNIZATION Vacche (Eater the mush, day and year cack immunization was given.) Hep B Hespätils B Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2" Digenerics, Tetanas (poderic) Image: Colspan="2">Colspan="2" T4 Tetanas, Doptheria, Tetanas, (poderic) Image: Colspan="2">Colspan="2" PCV Popumerocara: Conjugate Image: Colspan="2" Image: Colspan="2" Image: Colspan="2" IPVOPV Polia Image: Colspan="2" Image: Colspan="2">Colspan="2" STATEMENT OF EXEMPTION TO IMMUNIZATION LAW Intervent Polia Colspan="2" Intervent 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 contract. Colspan="2" Colspan="2" Previous contract on guardian of the above named person or the person himset/freered is an adhrem to a collapse of the flow contract. Signed <th <="" colspan="2" th=""><th colspan="11">Name Date of Birth</th></th>	<th colspan="11">Name Date of Birth</th>		Name Date of Birth										
Varche (Enter the meant). day and year cash immediatedies war given.) Hey B Heyatlis 0 Image: State	Parent/Gua	rdian	Dates of the Camp Session										
Hup B Hegatits B OTP Dipatherin, Tetraum, Pertursis (pediatic) DT Dipatherin, Tetraum, Retursis (pediatic) Tdap Tetraus, Dethterin, Tetrasis Td Tetraus, Dethterin, Tetrasis Td Tetraus, Dethterin, Tetrasis Td Tetraus, Dethterin Hib Hempshice Intervace tops PCV Phomococcal Colugate MMR Maralss, Mirring, Ruletin Varicelia Chickerpox StATEMENT OF EXEMPTION TO IMMUNIZATION LAW 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 detected on other medical conditions. Signed Physical (Medico) Date Health of the Above named person or the person himselfitherself is an adherent to a religious belied opposed to immunizations. Signed Date Parent, guardian, enamopated Scoutcourseling minor Health of the Above named person or the person himselfitherself is an adherent to a personal belief opposed to immunizations. Signed Date Parent/Guardian Name Parent/Guardian Name Parent/Guardian Telepho	COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT CERTIFICATE OF IMMUNIZATION												
DTaP Diptithena, Tetranas, Pertuasis (pediatric)		Vaccine (Enter the month, day and year each immunization was given.)											
DT Diprimental. Tetanua (podiator.) Image: Section 2014 (Section 2014) Tage Tetanua. Diprimental. Retratasis Image: Section 2014 (Section 2014) Td Tetanua. Diprimental. Retratasis Image: Section 2014 (Section 2014) HB Hermophilus influenzee type b Image: Section 2014 (Section 2014) PCV Penumococcal Conjugate Image: Section 2014 (Section 2014) MHR Mesdes, Murrop, Rubola Image: Section 2014 (Section 2014) Varicella Choickappox Extense formation 2014 (Section 2014) STATEMENT OF EXEMPTION TO IMMUNIZATION LAW INTEREVENT 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 contained to the down and conditions. Signed Date Immunization is such that immunization would endanger life or health or serigous excercit: Immunizations. Signed Date Date Immunization immunization immunization immunization immunization immunization. Signed Date Date Immunization immunization immunization immunization immunization immunization immunization. Signed Date Date Immunization immunization immu	Нер В	Hepatitis B											
Tdamus, Diphtheria, Perhussis Image: Control of the second se	DTaP	Diphtheria, Tetanus, Pertussis (pediatric)											
Td Totanus, Diptibrina Hit Hearing Miss influenzae type b PVOPV Polia PVOPV Polia Milk Measles, Mumps, Rubella Image: Comparison of the status from the statu	DT	Diphtheria, Tetanus (pediatric)											
Hib Heenophilus influenze type b Image: Comparison of the second se	Tdap	Tetanus, Diphtheria, Pertussis											
IPV/OPV Patient Procession Procesion Proconsistent and and anddd and and and and an	Td	Tetanus, Diphtheria											
PCV Pneumococcil Conjugate Image: Conjugate	Hib	Haemophilus influenzae type b											
MMR Measles, Mumps, Rubella Lis Vertraiter Varieella Chickenpox Lis Vertraiter STATEMENT OF EXEMPTION TO IMMUNIZATION LAW 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 Containdicated due to other medical conditions Medicate assemption to the following working? Signed	IPV/OPV	Polio											
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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. Signed	STATEMENT OF EXEMPTION TO IMMUNIZATION LAW												
contraindicated due to other medical conditions. Medical exemption to the following vaccine(s): signedPhysician (Medico) DateHepB DTaP Tdap Hib IPV PCV MMR VAR RELICIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. Religious exemption to the following vaccine(s): SignedParent, guardian, emancipated Scout/counseling minor Religious exemption to the following vaccine(s): Religious exemption to the following vaccine(s): SignedDate Attemption to the following vaccine(s):	IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM CAMP AND TO QUARANTINE.												
Signed	contraindicated due to other medical conditions.												
RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations. Signed	Signed	Date		La e	xención por razon	es médicas ap	lica a la(s) si	guiente(s) vac					
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Signed	immunizations. Religious exemption to the following vaccine(s):												
immunizations. Personal exemption to the following vacche(s): SignedParent, guardian, emancipated Scout/counseling minor Personal exemption to the following vacche(s): Parent/Guardian nameHepB DTaP Tdap Hib IPV PCV MMR VAR Parent/Guardian NameParent/Guardian NameParent/Guardian Address Parent/Guardian AddressParent/Guardian AddressParent/Guardian AddressParent/Guardian Telephone DayEveCell Place of EmploymentAddressPhone #AddressPhone #AddressRowCitySTZip Individual authorized to take the Scout from camp if different from the parent or guardian: NameAddressCell Phone # DayEveCell Individual authorized to take the Scout from camp if different from the parent or guardian: NameAddressCell Phone # DayEveCell	Signed Date Parent, guardian, emancipated Scout/counseling minor												
Signed													
Parent, guardian, emancipated Scout/counseling minor HepB DTaP Tdap Hib IPV PCV MMR VAR PARENT/GUARDIAN AUTHORIZATIONS Parent/Guardian Name Parent/Guardian Name Parent/Guardian Address Parent/Guardian Name Parent/Guardian Telephone Day Parent/Guardian Telephone Day EveCell Cell Place of Employment Address Address Phone # Individual authorized to take the Scout from camp if different from the parent or guardian: NameAddress Phone # DayEveCell			Exención por creencias personales de la(s) siguiente(s) vacuna(s):										
Parent/Guardian Name	Signed Pa	Date	e inor										
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Parent/Guardian Telephone Day Parent/Guardian Telephone Day EveCell Cell Place of Employment Address Address Phone # Individual authorized to take the Scout from camp if different from the parent or guardian: NameAddressCitySTZip Name		and a second second second											
Place of Employment	Parent/Guardian Telephone Day			Parent/Guardian Telephone Day									
Address													
Phone # Phone #													
Name Address				Phone #									
Phone # DayEveCell 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 AdultDate The above named person is restricted from the activities listed below:													
campsite. Parent/Guardian/Custodial Adult Date The above named person is restricted from the activities listed below:													
The above named person is restricted from the activities listed below:	campsite.												
Parent/Guardian/Custodial Adult Date										• • • • • • • • •			
Parent/Guardian/Custodial Adult Date	<u> </u>		·····										