



## Immunization Form

Student completing this information:

Last Name	First Name	Date of Birth	S#	Student Email
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Parent/Guardian completing this form if student is under 18 years old:

Last Name:	First Name:	Relationship to Student:
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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)). If the student provides an immunization record in any other format, the school health authority must transcribe the record on to this form.

Please submit this form detailing information about your immunization record to the Lamar Community College Student Services Department. This form can be submitted in person to Student Services, located in the Betz Technology Center or e-mailed to [studentservices.lcc@lamarcc.edu](mailto:studentservices.lcc@lamarcc.edu). You may be asked to provide copies of your COVID-19 vaccination card if your healthcare provider cannot certify receipt of that vaccine. Students who wish to seek exemption from any or all of the vaccine requirements should submit the appropriate LCC exemption request form to Student Services.

Students with a recorded immunization exemption may be kept off the College campus during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak, and alternative attendance options (e.g., online coursework) will be utilized when available.

### Required Vaccines:

	Immunization Date(s)		Titer Date*	
	MM/DD/YYY	MM/DD/YYYY	MM/DD/YYYY	
MMR Measles, Mumps, Rubella				Two valid doses of Measles, Mumps, and Rubella (MMR) vaccine are required for students born on or after January 1, 1957. To exempt from receiving MMR, submit to the institute an exemption following guidance on the website: <a href="http://www.colorado.gov/vaccineexemption">www.colorado.gov/vaccineexemption</a>
Measles <sup>1</sup>				
Mumps <sup>1</sup>				
Rubella <sup>1</sup>				
Men ACWY <sup>2</sup> Meningococcal ACWY				There are two ways to meet the Men ACWY requirement: 1. Documentation of receiving a Meningococcal ACWY vaccine within the last five years OR 2. A new student living in student housing must read and sign the LCC exemption waiver on page 3 of this document.
	Immunization Date(s)		Vaccine Brand	
COVID-19				

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**Required Physician Signature**

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

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**Date**

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.

## **Meningococcal Disease Information and Vaccine Waiver**

Colorado law, Section 23-5-128, C.R.S., requires all public or nonpublic postsecondary education institutions in Colorado to provide information about meningococcal disease to new students. 'New students' means any incoming freshman student residing in student housing, as defined by the institution, or any student the institution requires to complete and return a standard immunization record indicating the vaccines received by the student, as a requirement for residing in student housing. If the student is under 18 years of age, the student's parent/guardian must be given this information.

Meningococcal disease is a serious disease caused by a bacteria.

Meningococcal disease is a contagious, but a largely preventable, infection of the spinal cord fluid and the fluid that surrounds the brain. Meningococcal disease can also cause blood infections.

Even when treated, meningococcal disease kills 10 to 15 infected people out of 100. Of those who live, about 10 to 20 will suffer disabilities such as hearing loss, brain damage, kidney damage, amputations, nervous system problems and scarring from skin grafts.

Anyone can get meningococcal disease, but it is most common in infants less than one year of age and in people with certain medical conditions. Scientific evidence suggests that college/university students living in residence hall facilities are at a modestly increased risk of contracting meningococcal disease.

Immunization against meningococcal disease decreases the risk of contracting the disease.

Meningococcal vaccine (MenACWY) can prevent four types of meningococcal disease; these include two of the most common in the United States. MenACWY does not prevent all types of the disease, but it does help to protect many people who might become sick if they do not get the vaccine.

A vaccine, like any medicine, can cause side effects that can be as severe as allergic reactions. The risk of the meningococcal vaccine causing serious harm, or death, is extremely small. Getting a meningococcal vaccine is much safer than getting the disease.

More information can be obtained from the Vaccine Information Statement available at

<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>

Students and their parents should discuss the benefits and risks of vaccination with their health care provider.

To receive the MenACWY vaccine against meningococcal disease, students should check with their own health care provider or their local health agency (LPHA). A list of LPHAs in Colorado can be found at <https://www.colorado.gov/pacific/cdphe-lpha> In addition to the Men ACWY vaccine, it is recommended that students receive the meningococcal B vaccine: <https://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening-serogroup.html>

New students who have not received a MenACWY vaccine against meningococcal disease within the last 5 years or their parents/guardians (if under 18 years of age) must check the box and sign below to indicate they have reviewed this information and decided the student will not obtain a vaccine against meningococcal disease.

**Meningococcal Vaccine (MenACWY) Waiver**

Check to indicate you have reviewed the information on meningococcal disease and have decided the student will not obtain the MenACWY vaccine that protects against **meningococcal disease.**

**Date:** \_\_\_\_\_

**Parent/guardian/student (emancipated or 18+ years of age)**

**Signature:** \_\_\_\_\_