

Immunization Medical Exemption Form – Student

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 (e.g., Measles, Mumps, Rubella), as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption from immunization is filed. While the Board of Health does not currently require vaccination against Covid-19, Colorado School of Mines has implemented a vaccination requirement, and voluntarily adopts the principles described in C.R.S. § 25-4-903 (Exemptions from immunization – rules) for the purposes of Mines’ Covid-19 vaccination requirement.

Students with a recorded immunization exemption may be compelled to quarantine or isolate, participate in regular Covid-19 testing, or adhere to other disease mitigation measures imposed by Mines.

Please complete all required fields below and submit the form to Mines Student Health Center’s secure Health Portal (log in to your Trailhead account (<https://trailhead.mines.edu/>) and choose “Health 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 required 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: Colorado School of Mines		
Address: 1500 Illinois St		
City: Golden	State: Colorado	Zip Code: 80401

Required Vaccine

Check vaccine declined:	List medical contraindication(s) for each vaccine declined:
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.)

Immunization

Non-Medical Exemption Form – Student

(Religious and Personal Belief)

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million lives every year. The Colorado Department of Public Health and Environment and Colorado School of Mines strongly support vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all people, the benefits of preventing disease with a vaccine far outweigh the risks. **Declining to follow the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) immunization schedule for number, space, and timing of doses, may endanger an unvaccinated individual’s health and others who come into contact with them.**

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 (e.g., Measles, Mumps, Rubella), as established by Colorado Board of Health rule 6 CCR 1009-2, unless an exemption from immunization is filed. While the Board of Health does not currently require vaccination against Covid-19, Colorado School of Mines has implemented a vaccination requirement, and voluntarily adopts the principles described in C.R.S. § 25-4-903 (Exemptions from immunization – rules) for the purposes of Mines’ Covid-19 vaccination requirement. Students may submit a medical or non-medical exemption, as applicable. “Non-Medical Exemption” means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations or the SARS-CoV-2 vaccine in particular (including beliefs about the FDA’s Emergency Use Authorization status for the SARS-CoV-2 vaccines).

Students with a recorded immunization exemption may be compelled to quarantine or isolate, participate in regular Covid-19 testing, or adhere to other disease mitigation measures imposed by Mines.

Please complete all required fields below and submit the form to Mines Student Health Center’s secure Health Portal (log in to your Trailhead account (<https://trailhead.mines.edu/>) and choose “Health Portal”). Incomplete forms will not be accepted. *All fields are required unless noted optional.*

Type of Non-Medical Exemption Claimed: Personal Belief Religious

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 required 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: Colorado School of Mines		
Address: 1500 Illinois St		
City: Golden	State: Colorado	Zip Code: 80401

Vaccine Preventable Disease Information:

The information provided below is to ensure parents/guardians/students are informed about the risks of not vaccinating.

SARS-CoV-2 (COVID-19) – Unvaccinated persons may be at increased risk of developing COVID-19 if exposed to this disease. Serious symptoms and effects include difficulty breathing, loss of taste or smell, body aches, and death. For more information, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

Required Vaccine

Check vaccine declined:	
	SARS-CoV-2 (COVID-19)

Statement of Exemption

I am the student or parent/guardian (if student is under 18 years of age) of the above-named student and am declining the vaccine indicated above due to a religious or personal belief that is opposed to this vaccine. The information I have provided on this form is complete and accurate.

- I may change my mind at any time and accept vaccination(s) for myself/my child in the future.
- I have had the opportunity to review the Centers for Disease Control and Prevention’s guidance on the [benefits](#) of Covid-19 vaccination, [possible side effects](#) of Covid-19 vaccination, and [facts](#) about Covid-19 vaccination.
- I have had the opportunity to review the general vaccine information provided by the Colorado Department of Public Health and Environment: [Immunization education](#) and [Immunize for Good](#) for information on the benefits and risks of vaccines and the diseases they prevent.
- I have had the opportunity to review information about what is in the [mRNA-based vaccines](#) (Pfizer and Moderna), the [Johnson & Johnson vaccine](#), and how they work.

I acknowledge that I have read this document in its entirety.

Student signature

(or Parent or Guardian if student is under 18): _____ Date: _____