

Immunization Religious/Personal Belief Exemption Form

Student completing this information:

Last Name	First Name	Date of Birth	S#	Student email
-----------	------------	---------------	----	---------------

Parent/Guardian completing this form if student is under 18 years old:

Last Name	First Name	Relationship to Student:
-----------	------------	--------------------------

The Colorado Department of Public Health and Environment and Trinidad State College strongly support vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death.

A religious/personal belief exemption may be granted to any student who signs below acknowledging the basis for the exemption.

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:

Check Vaccine Declined	Type of Non-Medical Exemption Claimed (Briefly describe basis for belief)
<input type="checkbox"/> Measles, Mumps, Rubella: Two valid doses of Measles, Mumps and Rubella (MMR) vaccine are required for students born on or after January 1, 1957. Measles can cause infection, pneumonia, encephalitis, and death. For more information: https://www.cdc.gov/measles/vaccination.html	<input type="checkbox"/> Religious belief <input type="checkbox"/> Personal belief
<input type="checkbox"/> SARS-CoV-2 (COVID-19): Vaccine is required as a condition of living in the College residence halls and/or participating on a College athletic team. Unvaccinated persons may be at increased risk of developing COVID-19 if exposed to this disease. COVID-19 can cause difficulty breathing, loss of taste or smell, body aches, and death. For more information: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html	<input type="checkbox"/> Religious belief <input type="checkbox"/> Personal belief

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 vaccines. 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 my myself/child in the future.
- I have had to opportunity to review the vaccine information provided by the Colorado Department of Public Health and Environment: [Immunization Education](#) and [Immunization for Good](#) for information on the benefits and risks of vaccines and the diseases they prevent.
- I have had to opportunity to review information about what is in the COVID-19 [mRNA based vaccines](#) (Pfizer and Moderna) and the [COVID-19 adenovirus vaccine](#) (Johnson & Johnson) 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

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. Please be advised that you will be responsible for maintaining your immunization records to ensure school compliance.