

The University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy & Pharmaceutical Sciences
STUDENT IMMUNIZATION CERTIFICATION FORM (updated 10/24/25)

Student's Name Last, First MI

Telephone number Date of Birth

Street address City, State, Zip

Degree/Program Anticipated first semester (e.g. "Fall 2026") Email address

A certifying office must complete and sign this form. When complete and directed to do so, the student also signs and uploads the completed form to [Complio](#). The following immunizations are required of all entering Anschutz Medical Campus Students. Please see the guidelines listed on the back of this form. List the dates immunizations or titers were received for the following required immunizations. Should you have any questions, please email SOP.Experiential@cuanschutz.edu or call 303-724-2655.

MEASLES, MUMPS, RUBELLA (MMR): ¹

Date of 1 st Measles Vaccine: _____	Date of 2 nd Measles Vaccine: _____
Date of Titer: _____	Titer Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Date of 1 st Mumps Vaccine: _____	Date of 2 nd Mumps Vaccine: _____
Date of Titer: _____	Titer Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>
Date of 1 st Rubella Vaccine: _____	Date of 2 nd Rubella Vaccine: _____
Date of Titer: _____	Titer Result: Positive <input type="checkbox"/> Negative <input type="checkbox"/>

HEPATITIS B: ²

Vaccination type received: 3-Dose Hep B series ☐ **OR** 2-Dose Heplisav-B series ☐
Vaccine Dates 1st) _____ 2nd) _____ 3rd) _____
AND
Positive Hep B titer: Date _____ Titer Result: Titer Result: Positive ☐ Negative ☐

POLIO: list the dates of the four-shot childhood series or three-shot adult series.³

1) _____ 2) _____ 3) _____ 4) _____

International student with a titer? This is not sufficient alone; include if received in addition to shots. **Date:** _____ **Titer Result:** Positive ☐ Negative ☐

TUBERCULOSIS (TB) SCREENING (PPDs or IGRA blood test within the past year): ⁴

1st PPD: Implant Date: _____ Read Date: _____ Result: Positive ☐ Negative ☐
2nd PPD: Implant Date: _____ Read Date: _____ Result: Positive ☐ Negative ☐
Date of TB QuantiFERON Gold: _____ Result: Positive ☐ Negative ☐
Date of TB T-Spot: _____ Result: Positive ☐ Negative ☐
Date of Chest X-ray (see pg. 2 for details) _____ Result: Positive ☐ Negative ☐

VARICELLA:⁵

Titer date: _____ Result: Positive ☐ Negative ☐

OR, Date of 1st vaccine: _____ / _____ / _____

Date of 2nd vaccine: _____ / _____ / _____

TETANUS: Vaccination type received: TDAP ☐ **OR** TD ☐ (must be within the last 10 years)

Date current TDAP/TD shot received: _____ / _____ / _____

INFLUENZA: Students must receive the flu vaccine between August and October 31 each year enrolled. The initial dose must be completed by October 31 of the first semester. When submitting this form early, please provide flu vaccine documentation separately by Oct. 31.

Date: _____ / _____ / _____

COVID Vaccine (University-optional but may be required by certain clinical sites) ⁶

Date of 1st vaccine: _____ / _____ / _____ Pfizer ☐ Moderna ☐ J&J ☐

Date of 2nd vaccine: _____ / _____ / _____ Pfizer ☐ Moderna ☐ J&J ☐

Date of Booster: _____ / _____ / _____ Pfizer ☐ Moderna ☐ J&J ☐

FOR INTERNATIONAL STUDENTS outside Canada and United States: three documented doses of TD are required. Primary vaccination of previously unvaccinated adults consists of three doses of adult tetanus-diphtheria toxoid (Td): 4-6 weeks should separate the first and second dose; the third dose should be administered 6-12 months after the second.

TO BE COMPLETED BY STUDENT - I understand that if my immunizations are not current, or in progress while in attendance at Anschutz Medical Campus, I may be subject to academic restrictions and may not be able to complete program/degree requirements. I authorize Anschutz Medical Campus to disclose this form and/or other information related to my immunization records to any clinical agency or other such entity in connection with my placement or participation in clinical internships, practica, affiliations and other programs related to my course of study.

Student Signature Required: _____

Contact Number: _____

Date Signed: _____

TO BE COMPLETED BY CERTIFYING OFFICIAL

Print Name (MD, DO, NP, PA, RN, PharmD): _____

Title: _____

Signature of person listed above: _____

Contact Number: _____ Date Signed: _____

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IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS WILL BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE

Please be advised, by signing a waiver, students may be subject to academic restrictions regarding lab and/or clinical placement and may be unable to complete their program/degree requirements.

Medical Exemption: The physical condition of the above-named person is such that the following immunization would endanger life or health or is medically contraindicated due to medical conditions: _____

Physician's Name (please print): _____ Physician's Signature: _____

Date Signed: _____ Contact Number: _____ Email Address: _____

Religious Exemption: I affirm I have a religious belief opposed to (Name of immunization(s) _____)

Students requesting a religious exemption must complete [this form](#).

¹MEASLES, MUMPS, RUBELLA (MMR): The State of Colorado requires 2 MMRs. There must be documented evidence of shots or serologies. Measles, mumps and rubella require individual titers; there is no one titer for all three. List either the two dates of the MMRs received, or the individual titer dates and results. The first MMR must have been received on or after your first birthday, and there must be at least 28 days between the first and second MMR. If received prior to your first birthday or there is less than 28 days between the two MMRs received, you are required to have another MMR or show proof of positive titers.

²HEPATITIS B: List the dates of the 3-dose Hepatitis B vaccine series **OR** the 2-dose Heplisav-B vaccine series **AND** a positive titer. Either series must be started by registration and completed according to the following schedules: Hepatitis B doses administered at 0, 1, 6-month interval and then a positive titer at least 1-2 months after the last dose **OR** Heplisav-B doses administered at 0- and 1-month interval and then a positive titer at least 1-2 months after the last dose. In either case, if immunity is not present, another 3- or 2-dose series must be done followed by another titer. If after 6 or 4 doses no immunity is present, then the student is considered a "non-responder" and no further testing or immunization is required. *Please note that although you may have previously had your Hep B immunizations, it is now required as part of the admissions process to also obtain a titer.*

³POLIO: List the dates of the four-shot childhood series or three-shot adult series. For adults who had 1 or 2 IPV doses, and no documentation of childhood series, you will need to complete a total of three injections. Therefore, if you had one, you would need to receive an additional two adult catch-up injections; if you had two, you would receive one additional adult catch-up injection.

Being born in a country outside of the US may indicate you have no immunity to Polio Type 2 given the vaccines that were often provided in other countries. In this case, a one-time polio booster is required.

Being born in the US with a positive titer likely means you are covered for all three types of Polio. This also meets the requirement.

Student Immunization Certification Form

International students are required to complete the equivalent immunization and potentially also receive a positive titer or additional dose, to be determined upon review of records.

⁴TUBERCULOSIS (TB) SCREENING: This is an annual requirement: Initially, either two negative PPD skin tests administered 1 to 3 weeks apart or a single negative IGRA blood test is required.

- **PPDs:** The two-step is baseline testing that requires implanting two separate PPD skin tests 7-21 days apart. All skin tests need to be read within 48-72 hours for a total of 4 visits (*implant 1, read 1, implant 2, read 2*) or another test is required. A single skin test may elicit a negative response. The immune reaction wanes over time. The second test stimulates the immune system which may then result in a positive test, indicating a previous infection or exposure. Please list implant dates and read results for all PPDs received. ***Upon the annual renewal***, a single PPD is sufficient ***if*** completed within one year of the previous PPD test. If the previous test was an IGRA blood test, the two-step PPD, or an IGRA blood test is required.
- If the PPD is positive (10mm and above), a negative chest x-ray is required. Provide a copy of the physician's report. A negative chest x-ray is valid for two years.
- **IGRA blood test:** Alternatively, you may annually provide negative IGRA blood test results – QuantiFERON Gold or T-Spot. The IGRA blood test will need to be completed annually.
- **International students** who have received the Bacille Calmette-Guerin Vaccine (BCG) will submit a physician's report of a negative chest x-ray, since the PPD will appear as a false positive.

⁵VARICELLA: Please list the date of the titer and result. A negative titer requires two vaccines placed one month apart. Or, if vaccines are required, list the dates they were received.

⁶COVID Vaccine: This is optional, but many practice sites require it for students to be allowed on-site for rotations. If completed, please document the vaccination(s) you most recently received to avoid future follow-up.