

The University of Colorado Anschutz Medical Campus Skaggs School of Pharmacy & Pharmaceutical Sciences
STUDENT IMMUNIZATION CERTIFICATION FORM (updated 3/10/2026)

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. Incoming Anschutz Medical Campus students are required to provide documentation of the following immunizations/screenings. Refer to the guidelines on page 2 for details. Please list the dates of each item below including signatures when all items are complete.

When directed to do so, upload the completed form to [Complio](https://complio.com).

Questions? Contact us at SOP.Experiential@cuanschutz.edu or call 303-724-2655.

MEASLES, MUMPS, RUBELLA (MMR): ¹

Date of 1st Measles Vaccine: _____ Date of 2nd Measles Vaccine: _____

Date of Titer: _____ Titer Result: Positive Negative

Date of 1st Mumps Vaccine: _____ Date of 2nd Mumps Vaccine: _____

Date of Titer: _____ Titer Result: Positive Negative

Date of 1st Rubella Vaccine: _____ Date of 2nd Rubella Vaccine: _____

Date of Titer: _____ Titer Result: Positive Negative

HEPATITIS B: ²

Vaccination type received: 3-Dose Hep B series **OR** 2-Dose HepB series

Vaccine Dates 1st) _____ 2nd) _____ 3rd) _____

AND

Positive Hep B titer: Date _____ 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:

TDAP from age 11 or later is required.

- Date most recent Tdap shot received: _____ / _____ / _____

TD booster **IF** last Td-containing vaccine was more than 10 years ago.

- Date TD containing booster was 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)

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

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

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

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): There must be documented evidence of 2 MMRs. Measles, mumps and rubella require individual titers. 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 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, at least one booster dose must be done followed by another titer. If the repeat titer is negative, students must get additional booster doses and another titer. If after a full repeat series no immunity is present, then the student is considered a "non-responder" and no further testing or immunization is required.

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.

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.
- **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.
- **Previous Positive Test:** If you have ever had a positive TST or IGRA test, initial clinical evaluation including chest x-ray is required to rule out active TB disease unless documentation is provided of completion of an approved treatment regimen for latent tuberculosis infection. If you are diagnosed with latent tuberculosis infection but do not complete an approved treatment regimen, you will need to complete an annual TB clearance questionnaire yearly while at CU Anschutz

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.