



Christian Core Academy Fort Collins

Immunization compliance 2022-23 school year

_____ **is:**
Child's Name

Health Care Provider Section:

Please fill out the following information according to your records.

- Up to date on their immunization requirements for their age
- Missing the following immunizations for their age _____
- Have not received any immunizations

Signed _____
health care provider

Parent/Guardian Section (if student is missing any immunizations)

- I have plan to get my students up to date on their immunizations
- I am aware my student is missing immunizations and this is by choice. I understand that if I choose to opt out of any or all immunizations, I must submit an annual exemption form for CCA to have on file.

Signed _____
parent/guardian