



**Christian Core Academy Fort Collins**

**Immunization compliance 2023-24 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*