

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Student/Faculty/Staff ID Number _____ - _____ - _____

Auraria Campus Immunization Form

Address _____
Street Address City State Zip Code

Home Phone _____ Cell Phone _____

College Email Address _____

Circle School Affiliation UC DENVER METRO CCD AHEC SPRING INTERNATIONAL OTHER _____

Circle Status Student Faculty Staff

Instructions

Submit the following four (4) items to the Immunization Office:

- 1. This **Auraria Immunization Form**, with printed legible responses to all required fields,
- 2. A signed **Meningococcal Disease Information Form**
- 3. A completed **Tuberculosis Risk Form** and
- 4. A copy of your **Official Proof of Immunization** documentation

Either mail or hand-deliver this information as indicated below:

- 1. Mail to: Auraria Immunizations Office, Campus Box 15, P.O. Box 173362, Denver, CO 80217-3362
- 2. Deliver documents in person by dropping them in the blue immunization drop box outside of the Health Center located in the Plaza Building, room 150. Make sure documents are in a sealed envelope.

Authorization: My signature below affirms that all of the information provided is accurate. I authorize the Immunization Office to obtain verification of my immunization/disease history by consultation with my past medical or immunization record keepers whom I authorize to release such information by signature below.

Falsifying Information is a Violation of Institutional Policy.

Student Signature Date

The Health Center at Auraria participates in the Vaccines for Children (VFC), Federal 317 and Colorado Immunization Information System (CIIS). CIIS is a State Immunization data base which sustains historical shot records and limits the need for re-vaccination in the future. If you are opposed to recording of your immunization records, please tell a staff member.

.....
For Office Use Only

| | |
|--|--|
| | |
| | |
| | |
| | |