

Instructions to the Health Care Provider: Fold this card in half (fold this top part down) with the information below on the inside. Seal with a sticker, staple, or piece of tape. Address the blank side of the card. Mail using first-class postage, as you would an envelope.

REMEMBER: YOUR NOTICE OF PRIVACY PRACTICE MUST STATE THAT REMINDERS WILL BE SENT.

You remember to protect your child's head.



What about the rest of their body?

----FOLD HERE----

REMEMBER IMMUNIZATIONS.

Our records show that _____ needs to receive the following immunizations:

- | | | |
|---------------------------------|-------------------------------------|-----------------------------------|
| <input type="radio"/> DTaP | <input type="radio"/> Hepatitis A | <input type="radio"/> Hepatitis B |
| <input type="radio"/> Hib | <input type="radio"/> MMR | <input type="radio"/> Polio |
| <input type="radio"/> Prevnar | <input type="radio"/> Td/Tdap | <input type="radio"/> Varicella |
| <input type="radio"/> Rotavirus | <input type="radio"/> Meningococcal | <input type="radio"/> HPV |



Colorado Department
of Public Health
and Environment

Your child can receive these shots at:

If your child has already received any of these, please call us to update our records.

According to federal law, no person may be denied vaccine purchased with federal immunization grant funds for failure to pay an administration fee or failure to make a donation to the provider.