

KANSAS CERTIFICATE OF IMMUNIZATIONS (KCI)

This record is part of the student's permanent record and shall be transferred from one school to another as defined in Section 72-5209 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____ Address: _____
 Parent or Guardian Name: _____
 Phone: _____
 Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-9. State Type							
Polio Required for school entry.							If additional doses are added, please initial the dose and sign below: _____ _____
HEP B (Hepatitis B) Required for school entry through Grade 11 for 2011-2012 school year. Recommended for all children.							
Varicella (Chickenpox) Required for school entry. 2 doses grades K-2 & 7. One dose grades 3-6 and 8-11 for 2011-2012 school year.							
MMR (Measles, Mumps, and Rubella combined) Required for school entry.							
Influenza (Flu) Recommended annually for ages 6mo and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
MCV4 (Meningococcal) Recommended at 11 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for females and provisionally recommended for males at 11 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

Hx of Disease: _____ Date of Illness: _____
 Physician Signature: _____

<p style="text-align: center;">DOCUMENTATION</p> <p>KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT. OR SCHOOL.</p> <p><input type="checkbox"/> I certify I reviewed this student's vaccination record and transcribed it accurately</p> <p>Agency Name: _____ Authorized Representative: _____ Address: _____</p> <p>The record presented was _____ Date _____</p> <p><input type="checkbox"/> Kansas Immunization Record <input type="checkbox"/> Other Immunization Record (Specify) _____</p>	<p style="text-align: center;">LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"</p> <p>1. "Annual written statement signed by a licensed physician (Medical Doctor/M.D. or Doctor of Osteopathy/D.O.) stating the physical condition of the child to be such that the tests or inoculations would seriously endanger the life or health of the child." Medical exemption shall be validated annually by physician completion of KCI Form B and attachment to the KCI.</p> <p>2. "Written statement signed by one parent or guardian that the child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations."</p>
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KANSAS IMMUNIZATION PROGRAM
 1000 SW Jackson, Suite 075, Topeka, KS 66612-1274
 PHONE 785-296-5591 FAX 785-296-6510
 WEB SITE www.kdheks.gov/immunize

I give my consent for information contained on this form to be released to the Kansas Immunization Program for the purpose of assessment and reporting.

 Parent/Legal Guardian's Signature _____ Date

KANSAS IMMUNIZATION REQUIREMENTS: Based on age of child as of September 1 of current school year.

As per Kansas Statute 72-5209, all children upon entry to school must be appropriately vaccinated. In each column below, vaccines are required for all ages listed in that column.

Ages 0-4	Ages 5-6	Ages 7 and Older
<p>Recommended Schedule</p> <p>Birth HEP B</p> <p>2 Months DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</p> <p>4 Months DTaP/DT POLIO HIB PCV ROTAVIRUS</p> <p>6 Months DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</p> <p>12-15 Months DTaP/DT MMR VAR HIB PCV HEP A</p> <p>Recommendations are based on the ACIP recommended schedule.†</p>	<p>DTaP: 5 Doses</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4.</p> <p>b) 4 doses acceptable if dose 4 given on or after the 4th birthday.</p> <p>c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.</p> <p>d) 6 dose limit regardless of schedule.</p> <p>POLIO: 4 Doses</p> <p>a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4.</p> <p>b) One dose required after 4th birthday regardless of the number of previous doses.</p> <p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p> <p>VARICELLA: 2 Doses Grade K-2 for 2011-2012 school year</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p> <p>c) None required if prior varicella disease verified by physician.</p> <p>d) Two doses are <u>recommended</u> for all children.</p> <p>HEPATITIS B: 3 Doses Grades K-11 for 2011-2012 school year</p> <p>a) 4 week minimum interval between dose 1 and dose 2.</p> <p>b) 8 week minimum interval between dose 2 and dose 3.</p> <p>c) 16 week minimum interval between dose 1 and dose 3.</p> <p>Dose 3 must be given after 24 weeks of age.</p>	<p>Tdap/Td: 3 doses if DTaP series not completed previously</p> <p>a) 4 week minimum interval between dose 1 and dose 2.</p> <p>b) One of the 3 doses should be Tdap.</p> <p>c) 6 month interval between dose 2 and dose 3.</p> <p>d) Single dose of Tdap required for grades 7-9.</p> <p>e) Tdap required for grades 10-12 if more than 10 years since previous DTaP.</p> <p>POLIO - All IPV or OPV Schedule</p> <p>4 Doses</p> <p>a) 4 week minimum interval between doses, regardless of age given.</p> <p>3 Doses</p> <p>a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.</p> <p>POLIO - IPV/OPV Combination Schedule</p> <p>4 Doses</p> <p>a) 4 week minimum interval between doses, regardless of age given.</p> <p>MMR: 2 Doses</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p> <p>VARICELLA: 2 Doses Grade 7 for 2011-2012 school year 1 Dose Grades 3-6 and 8-11 for 2011-2012 school year</p> <p>a) First dose on or after the 1st birthday.</p> <p>b) 4 week minimum interval between doses.</p> <p>c) None required if prior varicella disease verified by physician.</p> <p>d) Two doses are <u>recommended</u> for all children.</p> <p>HEPATITIS B: 3 Doses required through Grade 11 for 2011-2012 school year</p> <p>a) 4 week minimum interval between dose 1 and dose 2.</p> <p>b) 8 week minimum interval between dose 2 and dose 3.</p> <p>c) 16 week minimum interval between dose 1 and dose 3.</p> <p>d) Dose 3 must be given after 24 weeks of age.</p>

† - The ACIP Schedules may be accessed at: <http://www.cdc.gov/vaccines/recs/schedules>

Vaccine doses given up to 4 days before the minimum interval or age may be considered valid.

With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid.

Half doses or reduced doses of vaccine are not considered valid.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf

BLANK VERSION OF KCI FORM is available at http://www.kdheks.gov/immunize/download/KCI_Form.pdf

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. PARENTS OR GUARDIANS OF EXEMPT CHILDREN SHOULD BE INFORMED THAT THEIR CHILDREN SHALL BE EXCLUDED FROM SCHOOL IN THE EVENT OF AN OUTBREAK OR SUSPECTED CASE OF A VACCINE-PREVENTABLE DISEASE.