

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

DTaP/DT/dTdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	1st	2nd	3rd	4th	5th	6th	7th
Polio Required for school entry.							
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry. 2 doses grades K-10. One dose Grades 11-12 for school year 2014-2015.							
MMR (Measles, Mumps, and Rubella combined) Required for school entry.	MMR Me/MU/RU	MMR Me/MU/RU					
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) Initial dose recommended at 11-12 years of age and booster dose recommended after 15 years of age. Not required for school entry.							
HPV (Human Papillomavirus) Recommended for males and females at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 mo. Not required for school entry.							

If additional doses are added, please initial the dose and sign below.

Hx of Disease: NO
Physician Signature: _____

Date of illness: _____

DOCUMENTATION

KCI MAY ONLY BE SIGNED BY A PHYSICIAN (MD/DO), HEALTH DEPT, OR SCHOOL.

I certify I reviewed this student's vaccination record and transcribed it accurately.
Agency Name: _____
Authorized Representative: _____
Address: _____

The record presented was:
 Kansas Immunization Record
 Other Immunization Record (Specify) _____ Date _____

LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"

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.
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."

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 PROGRAM
1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
PHONE 785-298-5591 FAX 785-298-6510

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.

Pre-Kindergarten Ages 0-4 ACIP Recommended Schedule	Kindergarten through 12th Grade
Birth HEP B	DTaP- 5 Doses a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) 4 doses acceptable if dose 4 given on or after the 4th birthday c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age MMR: 2 doses Grades K-12th a) First dose on or after the 1st birthday b) 28 days minimum interval between doses
2 Months DTaP/DT POLIO HEP B PCV ROTAVIRUS	DTaP/DT: 7 years and older 3 doses if no history of any DTaP doses (a-b) a) 4 week minimum interval between dose 1 (Tdap) and dose 2 (T'd); first dose must be Tdap b) 6 months between dose 2 (T'd) and 3 (T'd) c) Single dose of Tdap for an incomplete primary DTaP series d) Single dose of Tdap required for Grades 7-12 Varicella: 2 doses Grades K-10 for School Year 2014-2015 1 dose Grades 11-12 for School Year 2014-2015 a) First dose on or after the 1st Birthday b) Second dose must be given at least 28 days after first dose c) No doses required if prior varicella disease verified by a physician d) Two doses are recommended for all children Varicella-ACIP minimum interval for less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age is valid.
4 Months DTaP/DT POLIO HIB PCV ROTAVIRUS	Polio: Grades K-3, new students and students completing the polio series All IPV or OPV Schedule a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses acceptable, if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday Combination IPV/OPV - 4 doses required a) 4 week minimum interval between first 3 doses; 6 months interval between dose 3 and dose 4; one dose after 4th birthday b) 3 doses not acceptable with combination schedule Polio: Grades 4-12th All IPV or OPV Schedule a) 4 doses--4 weeks minimum interval between doses regardless of age given b) 3 doses acceptable --4 weeks minimum interval between dose 1 and dose 2; dose 3 after 4th birthday Combination IPV/OPV - 4 Doses required a) 4 weeks minimum interval regardless of age given
6 Months DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS	Hepatitis B: 3 doses Grades K - 12th a) 4 week minimum interval between dose 1 and dose 2 b) 8 week minimum interval between dose 2 and dose 3 c) 16 week minimum interval between dose 1 and dose 3 d) Dose 3 must be given after 24 weeks of age Additional Notes: - 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.
12-15 Months MMR VAR HIB PCV HEP A	15-18 Months DTaP/DT
18-24 Months HEP A	ACIP Recommended Schedule http://www.cdc.gov/vaccines/recs/schedules

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.