

# 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
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. <span style="float: right;">State Type</span>							
<b>Polio</b> Required for school entry.							If additional doses are added, please initial the dose and sign below: _____ _____ _____
<b>HEP B</b> (Hepatitis B) Required for school entry through Grade 10 for 2010-2011 school year. Recommended for all children.							
<b>Varicella</b> (Chickenpox) Required for school entry through Grade 10 for 2010-2011 school year. Recommended for all children.				Hx of Disease: Physician Signature: _____			
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<b>Influenza (Flu)</b> Recommended annually for ages 6mo - 18 yrs. Not required for school entry.							
<b>HIB</b> (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
<b>PCV7</b> (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
<b>HEP A</b> (Hepatitis A) Required < 5 years of age for preschool or child care operated by a school.							
<b>MCV4</b> (Meningococcal) Recommended at 11 years of age. Not required for school entry.							
<b>HPV</b> (Human Papillomavirus) Recommended for females and provisionally recommended for males at 11 years of age. Not required for school entry.							
<b>Rotavirus</b> Recommended < 8 mo. Not required for school entry.							

<p style="text-align: center;"><b>DOCUMENTATION</b></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;"><b>LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"</b></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 style="text-align: center; font-size: small;">KCI FORM B - MEDICAL EXEMPTION is located at <a href="http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf">http://www.kdheks.gov/immunize/imm_manual_pdf/KCI_formB.pdf</a></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 210, Topeka, KS 66612-1274  
 PHONE 785-296-5591 FAX 785-296-6510  
 WEB SITE [www.kdheks.gov/immunize](http://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 \_\_\_\_\_ Rev. 02/01/2010

**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><b>Recommended Schedule</b></p> <p>Birth      <b>HEP B</b></p> <p>2 Months    <b>DTaP/DT</b> <b>POLIO</b> <b>HEP B</b> <b>HIB</b> <b>PCV7</b> <b>ROTAVIRUS</b></p> <p>4 Months    <b>DTaP/DT</b> <b>POLIO</b> <b>HIB</b> <b>PCV7</b> <b>ROTAVIRUS</b></p> <p>6 Months    <b>DTaP/DT</b> <b>POLIO</b> <b>HEP B</b> <b>HIB</b> <b>PCV7</b> <b>ROTAVIRUS</b></p> <p>12-15 Months <b>DTaP/DT</b> <b>MMR</b> <b>VAR</b> <b>HIB</b> <b>PCV7</b> <b>HEP A</b></p> <p>Recommendations are based on the ACIP recommended schedule.†</p>	<p><b>DTaP/*DT: 5 doses</b></p> <p>a) 4 week minimum interval between doses, with at least 6 months between dose 3 and dose 4. b) 4 doses acceptable if dose 4 given on or after the 4th birthday. c) If dose 4 is administered before the 4th birthday, a 5th dose must be given at 4-6 years of age. * If 1st DT dose given at &lt;12 months of age, 4 doses recommended; acceptable only when Pertussis component is contraindicated by the physician. * If 1st DT dose given at 12 months or older, 3 doses complete primary series; acceptable only when Pertussis component is contraindicated by the physician.</p> <p>The limit for DTaP vaccine is 6 doses, regardless of schedule.</p> <p><b>POLIO:</b> <b>4 doses of POLIO are acceptable IF:</b></p> <p>a) 4 week minimum interval between doses, regardless of age given.</p> <p><b>3 doses of POLIO (all IPV) are acceptable IF:</b></p> <p>a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.</p> <p>The limit for POLIO vaccine is 5 doses, regardless of schedule.</p> <p><b>MMR: 2 doses</b></p> <p>a) First dose must be on or after the 1st birthday. b) 4 week minimum interval between doses.</p> <p>Single antigen measles vaccine will not meet requirements without the addition of mumps and rubella vaccine.</p> <p><b>VARICELLA: 2 doses required for Kindergarten and Grade 1 for 2010-11 school year; 1 dose required for Grades 2-10 for 2010-11 school year</b></p> <p>a) First dose must be on or after the 1st birthday. b) None required if prior varicella disease verified. c) Two doses are <i>recommended</i> for all children.</p> <p><b>HEPATITIS B: 3 doses required through Grade 10 for 2010-11 school year</b></p> <p>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 wks of age.</p>	<p><b>Tdap/Td: 3 doses if DTaP/DT series not completed previously†</b> <b>One of the doses must be Tdap if student is without a Pertussis medical exemption.</b></p> <p>a) 4 week minimum interval between dose 1 and dose 2. b) 6 month interval between dose 2 and dose 3. Booster dose of Tdap is required at 7th grade if more than 2 yrs since previous dose of Td. Tdap booster required 10 years after the completion of the primary series or previous dose. Only one dose of Tdap is needed during adolescence. KCI Form B Medical Exemption should be completed by a physician if pertussis is contraindicated.</p> <p><b>POLIO - All IPV or OPV Schedule</b> <b>4 doses of POLIO are acceptable IF:</b></p> <p>a) 4 week minimum interval between doses, regardless of age given.</p> <p><b>3 doses of POLIO are acceptable IF:</b></p> <p>a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.</p> <p><b>POLIO - IPV/OPV Combination Schedule</b> <b>4 doses of POLIO are acceptable IF:</b></p> <p>a) 4 week minimum interval between each dose, regardless of age given. Three doses of a combination schedule are NOT acceptable. The limit for POLIO vaccine is 5 doses, regardless of schedule.</p> <p><b>MMR: 2 doses</b></p> <p>a) First dose must be on or after the 1st birthday. b) 4 week minimum interval between doses.</p> <p><b>VARICELLA: 1 dose required through Grade 10 for 2010-11 school year</b></p> <p>a) First dose must be on or after the 1st birthday. b) None required if prior varicella disease verified. c) Two doses are <i>recommended</i> for all children.</p> <p><b>HEPATITIS B: 3 doses required through Grade 10 for 2010-11 school year</b></p> <p>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 wks 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](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](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.**