

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 72-6262 (d) of the Kansas School Immunization Law (amended 1994.)

Student Name: _____

Birthdate (MM/DD/YYYY): _____ SEX: [] MALE [] FEMALE Race: _____ Ethnicity: _____ County: _____

VACCINE	RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
	🚫 = Dose determined invalid by provider	🚫 = Invalid Dose. KSWebIZ minimum age/interval not met					
	1st	2nd	3rd	4th	5th	6th	7th
DTaP/DT/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for entry to 7th grade. 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.							
Varicella (Chickenpox) Required for school entry.				Hx of Disease: ___Y___N Date of Illness: _____ HCP Signature: _____			
MMR (Measles, Mumps, and Rubella combined) Required for school entry.							
Influenza (Flu) Recommended annually for ages 6 months of age 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 for school entry.							
MCV4 (Meningococcal -Serogroup ACWY) Required for school entry. Doses required for entry into 7th grade and 11th grade.							
HPV (Human Papillomavirus) Recommended at 11-12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 months of age. Not required for school entry.							

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 Date _____
 Other Immunization Record (Specify) _____

LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-6262"

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."

KANSAS IMMUNIZATION PROGRAM
1000 SW Jackson, Suite 210, Topeka, KS 66612-1274
PHONE 877-296-0464 FAX 785-559-4227

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. 1/2020

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

As per Kansas Statute 72-6262, 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	MMR: 2 Doses
2 Months	DTaP/DT POLIO HEP B HIB* PCV ROTAVIRUS*	a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4 b) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age and 6 months from dose 4 c) 4 doses acceptable if dose 4 given on or after 4 years of age and 6 months from dose 3	a) Dose 1 on or after the 12 months of age b) Minimum interval between dose 1 and dose 2 is 28 days c) 4 day grace period between dose 1 and dose 2 does not apply
4 Months	DTaP/DT POLIO HIB* PCV ROTAVIRUS*	Tdap/TD: 7 years and older	Varicella: 2 Doses
6 Months	DTaP/DT POLIO HEP B HIB* PCV ROTAVIRUS*	a) Single dose of Tdap required for entry to 7th grade, between 11-12 years of age b) Single dose of Tdap for an incomplete primary DTaP series or; c) 3 doses if no history of any DTaP doses: <ul style="list-style-type: none"> i) 4 week minimum interval between dose 1 and dose 2; 6 month interval between dose 2 and dose 3 <ul style="list-style-type: none"> 1) Dose 1 must be Tdap; 2) Doses 2 and 3 may be Tdap or Td 	a) Dose 1 on or after 12 months of age b) For <13 years of age, minimum interval between dose 1 and dose 2 is 3 months c) For >13 years of age, minimum interval for dose 1 and dose 2 is 28 days d) 4 day grace period between dose 1 and dose 2 does not apply e) No doses required if prior varicella disease is documented by a health care provider
12-15 Months	MMR VAR HIB* PCV	Polio: 4 Doses	Hepatitis B: 3 Doses
15-18 Months	DTaP/DT	a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4; and one dose after 4 years of age b) 3 doses acceptable, if dose 3 is given on or after 4 years of age and 6 months from dose 2 c) For combination (IPV/OPV) or OPV only series; 4 doses must be given	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
12-23 Months	HEP A	Hepatitis A: 2 Doses	Additional Notes:
6 Months after 1st dose	HEP A	a) 6 month minimum interval between dose 1 and dose 2	<ul style="list-style-type: none"> • 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.
		Meningococcal (Serogroup A,C,W,Y): 2 Doses	
		a) Dose 1 required for entry into 7th grade, between 11-12 years of age b) Dose 2 required for entry into 11th grade, between 16-18 years of age c) If no previous dose prior to 16 years of age, only one dose required	

*Number of doses is dependent on brand given. Contact the Kansas Immunization Program, if assistance in determining correct dosing is needed.

ACIP Recommended Schedule:
<https://www.cdc.gov/vaccines/schedules/index.html>

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.