

KANSAS CERTIFICATE OF IMMUNIZATION (KCI)

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

Student Name _____ Native Kansan: Yes No Sex: M F Birthdate: ____-____-____
Last First

Name of Parent or Guardian _____ Address _____

Telephone Number (____) _____ City _____ State _____ Zip Code _____ County _____

VACCINE		RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED						
		1st	2nd	3rd	4th	5th	6th	7th
DTP, DTaP and/or DT/Td (Diphtheria, Tetanus, and Pertussis; acellular Pertussis; or Tetanus and Diphtheria only) *Circle dose(s) if DT/Td given		- -	- -	- -	- -	- -	- -	- -
OPV or IPV (Polio)		- -	- -	- -	- -	- -	If additional doses are added, please initial the dose and sign below: Initial Name/Agency _____ _____ _____ _____	
MMR (Measles, Mumps, and Rubella combined)		- -	- -					
Single Antigen Doses Only	MEASLES (Rubeola/red measles/10-day measles)	- -	- -					
	RUBELLA (German measles/3-day measles)	- -	- -					
	MUMPS	- -	- -					
REP B (Hepatitis B Vaccine) Recommended for 5 year olds entering kindergarten for 1998-1999 school year; required for 1999-2000 school year.		- -	- -	- -				
HEP A (Hepatitis A Vaccine) Not required for school entry.		- -	- -	- -				
HIB (Haemophilus Influenza Type B) Recommended for children 2-59 months old who attend a child care center (not required for children 5-18 year olds.)		- -	- -	- -	- -			
Varicella (Chicken Pox) Not required for school entry.		- -	- -					
DOCUMENTATION		LEGAL ALTERNATIVES TO VACCINATION						
PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORM. I certify I reviewed this student's vaccination record and transcribed it accurately. Signature _____ Agency _____ Name & Title (Printed) _____ The record presented was: _____ Date ____-____-____ <input type="checkbox"/> Pink Kansas Immunization Record <input type="checkbox"/> Other Immunization record (Specify _____)		<input type="checkbox"/> 1. Annual Medical Exemption: A Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) must complete the information below, as well as the affidavit on the reverse side. Yearly medical exemptions shall be documented on KCI Form B and attached to this record. * If DT is given prior to 7 years of age, a Yearly Medical Exemption is required. <input type="checkbox"/> DTP <input type="checkbox"/> Pertussis only <input type="checkbox"/> MMR <input type="checkbox"/> HEP B <input type="checkbox"/> OPV <input type="checkbox"/> IPV <input type="checkbox"/> Rubella only						
		<input type="checkbox"/> 2. Religious Exemption: Parent or guardian must complete the affidavit on the reverse side.						

KANSAS IMMUNIZATION REQUIREMENTS

Based on age of child as of September 1 of current school year.

Ages 0-4	Ages 5	Age 6-11	Ages 12-18
2 Months 1 DTP 1 POLIO (OPV/IPV) HIB	4 DTP a) There must be a minimum of 4 weeks between doses, with 6 months between the 3rd and 4th dose.	4 DTP a) There must be a minimum of 4 weeks between doses, with 6 months between the 3rd and 4th dose.	4 DTP a) There must be a minimum of 4 weeks between doses, with 6 months between the 3rd and 4th dose.
4 Months 2 DTP 2 POLIO (OPV/IPV) HIB	b) At least one dose must be on or after the 4th birthday.	b) At least one dose must be on or after the 4th birthday.	b) At least one dose must be on or after the 4th birthday.
6 Months 3 DTP 3 POLIO (OPV/IPV) HIB*	3 POLIO (OPV/IPV) a) There must be 4 weeks between doses and 1 dose must be on or after the 4th birthday.	3 POLIO (OPV/IPV) a) There must be 4 weeks between doses and 1 dose must be on or after the 4th birthday.	c) The Td booster is required 10 years after the date of the last DTP. The booster dose may be given as early as 5 years After the last DTP.
12-15 Months 4 DTP 4 POLIO (OPV/IPV) 1 MMR HIB*	OR 4 POLIO (OPV/IPV) a) There must be 4 weeks between each dose.	OR 4 POLIO (OPV/IPV) a) There must be 4 weeks between each dose.	3 POLIO (OPV/IPV) a) There must be 4 weeks between doses and 1 dose must be on or after the 4th birthday.
Note: There must be at least 6 months between the 3rd and 4th DTP doses.	2 MMR a) The 1st dose must be on or after the 1st birthday.	2 MMR a) The 1st dose must be on or after the 1st birthday.	OR 4 POLIO (OPV/IPV) a) There must be 4 weeks between each dose.
* Consult HIB schedule.	b) There must be 4 weeks between 1st and 2nd dose.	b) There must be 4 weeks between 1st and 2nd dose.	2 MMR a) First dose must be received on or after the 1st birthday.
			b) There must be 4 weeks between 1st and 2nd dose.

NOTE:

- Three doses of hepatitis B vaccine are recommended for five year olds entering kindergarten for the 1999-1999 school year, three doses will be required for the 1999-2000 school year.
- Two doses of MMR are required for all ages for the 1998-1999 school year.
- Half doses or reduced doses of vaccine are not acceptable by CDC.
- The limit for DTP vaccine is 6 doses, and the limit for POLIO vaccine is 5 doses, regardless of schedule.
- If the Td series is completed after the child is 7 years old, only 3 doses are required. There must be at least 6 months between the 2nd and 3rd dose. Tetanus toxoid will not meet the 10-year booster requirement.
- Single antigen measles vaccine will not meet Kansas requirements without the addition of mumps and rubella vaccine.
- Immunizations started before 6 weeks of age are not considered valid, except for hepatitis B vaccine.

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS. should be documented on the KCI form by a physician, their office personnel, a health department representative, or a designated school representative. Parents or guardians may complete the religious exemption section only:

1. Medical Exemption signed by a Medical Doctor (M.D.) or a Doctor of Osteopathy (D.O.) licensed by the Kansas Board of Healing Arts.
 I certify the physical condition of this child to be such that the inoculation(s) specified on the reverse side of this form would seriously endanger the life or health of this child. (Yearly medical exemptions shall be documented on KCI Form B and attached to this record.)

Signature _____ Date _____
 Name (print) _____ Telephone Number (____) _____

2. Religious Exemption signed by the Parent or Guardian.
 I certify this child is an adherent of a religious denomination whose religious teachings are opposed to such inoculations.

Signature _____ Date _____ Relationship _____

A ROSTER WITH THE NAMES OF ALL EXEMPT STUDENTS SHOULD BE MAINTAINED. THE 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.