

# 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: \_\_\_\_\_

<b>VACCINE</b>	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. Single Tdap required for grades 7-12. <span style="float: right;">State Type</span>	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap	DT DTap Td Tdap
<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.							
<b>Varicella</b> (Chickenpox) Required for school entry. 2 doses grades K-4 & 7-9. One dose Grades 5-6 and 10-12 for school year 2013-2014.			Hx of Disease: _____ Date of Illness: _____ Physician Signature: _____				
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.	MMR Me/Mu/Ru	MMR Me/Mu/Ru					
<b>Influenza (Flu)</b> Recommended annually for ages 6mo and older. 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>PCV</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) Initial dose recommended at 11-12 years of age and booster dose recommended after 16 years of age. Not required for school entry.							
<b>HPV</b> (Human Papillomavirus) Recommended for males and females at 11-12 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 accurate</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>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
<b>Recommended Schedule</b>		<b>DTaP: 5 Doses</b>	<b>Tdap/Td:</b>
Birth	<b>HEP B</b>	a) 4 week minimum interval between first 3 doses; 6 month interval between dose 3 and dose 4.	3 doses if no history of any DTaP doses (a-b)
2 Months	<b>DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</b>	b) 4 doses acceptable if dose 4 given on or after the 4th birthday.	a) 4 week minimum interval between dose 1 and dose 2; first dose must be Tdap
		c) If dose 4 administered before 4th birthday, 5th dose must be given at 4-6 years of age.	b) 6 months between dose 2 and 3
			c) Single dose of Tdap for an incomplete primary DTaP series
			d) Single dose of Tdap required for <u>Grades 7-12</u>
4 Months	<b>DTaP/DT POLIO HIB PCV ROTAVIRUS</b>	<b>POLIO - Grade K-2</b>	<b>POLIO</b>
		a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday	<b>Grades 3-12</b>
		b) 3 doses acceptable if 4 weeks between dose 1 and 2; 6 months between dose 2 and 3; one dose after 4th birthday	<u>Polio - All IPV or OPV Schedule: 4 doses</u>
			a) 4 week minimum interval between doses, regardless of age given.
			<u>Polio - All IPV or OPV Schedule: 3 doses</u>
			a) 4 week minimum interval between each dose, with 1 dose given on or after the 4th birthday.
6 Months	<b>DTaP/DT POLIO HEP B HIB PCV ROTAVIRUS</b>	<b>POLIO - IPV/OPV Combination Schedule: 4 Doses required</b>	<u>Polio - IPV/OPV Combination Schedule</u>
		a) 4 week minimum interval between first 3 doses; 6 month interval required between dose 3 and dose 4; one dose after 4th birthday	a) Must be 4 doses with 4 weeks between doses
		b) 3 doses not acceptable with combination schedule	
		Grades K-2, new students and students completing series must have 6 months between last two doses with one dose after 4th birthday.	New students and students completing series must have 6 months between last two doses with one dose after 4th birthday.
		<b>MMR: 2 Doses</b>	<b>MMR: 2 Doses</b>
		a) First dose on or after the 1st birthday.	a) First dose on or after the 1st birthday.
		b) 4 week minimum interval between doses.	b) 4 week minimum interval between doses.
12-15 Months	<b>MMR VAR HIB PCV HEP A</b>	<b>VARICELLA: 2 Doses Grades K-4 for School Year 2013-2014</b>	<b>VARICELLA: 2 Doses Grades 7-9 School Year 2013-2014</b>
		a) First dose on or after the 1st birthday.	<b>1 Dose Grades 5-6 and 10-12 School Year 2013-2014</b>
		b) Second dose must be given at least 28 days after first dose.	a) First dose on or after the 1st birthday.
		c) None required if prior varicella disease verified by physician.	b) Second dose must be given at least 28 days after first dose.
15-18 Months	<b>DTaP/DT</b>	d) Two doses are <u>recommended</u> for all children.	c) None required if prior varicella disease verified by physician.
			d) Two doses are <u>recommended</u> for all children.
18-24 Months	<b>HEP A</b>		
		<b>HEPATITIS B: 3 Doses</b>	<b>HEPATITIS B: 3 Doses</b>
		a) 4 week minimum interval between dose 1 and dose 2.	a) 4 week minimum interval between dose 1 and dose 2.
		b) 8 week minimum interval between dose 2 and dose 3.	b) 8 week minimum interval between dose 2 and dose 3.
		c) 16 week minimum interval between dose 1 and dose 3.	c) 16 week minimum interval between dose 1 and dose 3.
		Dose 3 must be given after 24 weeks of age.	d) Dose 3 must be given after 24 weeks of age.

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

ACIP - Varicella vaccine minimum interval less than 13 yrs is 3 months; 13 yrs and older is 4 weeks however, a 28 day interval regardless of age may be counted as valid. All doses must be after first birthday.

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.**