

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

<b>VACCINE</b>	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
<b>DTaP/DT/Td/Tdap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for entry to 7th grade. <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.							
<b>Varicella</b> (Chickenpox) Required for school entry.				Hx of Disease: ___Y___N Date of Illness: _____ HCP Signature: _____			
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<b>Influenza (Flu)</b> Recommended annually for ages 6 months of age 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 for school entry.							
<b>MCV4</b> (Meningococcal -Serogroup ACWY) Required for school entry. Doses required for entry into 7th grade and 11th grade.							
<b>HPV</b> (Human Papillomavirus) Recommended at 11-12 years of age. Not required for school entry.							
<b>Rotavirus</b> Recommended < 8 months of age. Not required for school entry.							

<p style="text-align: center;"><b>DOCUMENTATION</b></p> <p style="font-size: x-small;">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 style="font-size: x-small;">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 72-6262"</b></p> <p style="font-size: x-small;">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="font-size: x-small;">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 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	<b>HEP B</b>	<b>DTaP: 5 Doses</b>	<b>MMR: 2 Doses</b>
2 Months	<b>DTaP/DT POLIO HEP B HIB* PCV ROTAVIRUS*</b>	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 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) 28 days minimum interval between doses c) 4 day grace period between dose 1 and dose 2 does not apply
4 Months	<b>DTaP/DT POLIO HIB* PCV ROTAVIRUS*</b>	<b>Tdap/TD: 7 years and older</b> 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"> <li>i) 4 week minimum interval between dose 1 (Tdap) and dose 2 (Tdap or Td); first dose must be Tdap</li> <li>ii) 6 months between dose 2 (Tdap or Td) and dose 3 (Tdap or Td)</li> </ul>	<b>Varicella: 2 Doses</b> 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
6 Months	<b>DTaP/DT POLIO HEP B HIB* PCV ROTAVIRUS*</b>	<b>Polio: 4 Doses</b> 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 4 weeks between dose 1 and dose 2; 6 months between dose 2 and dose 3; and one dose given after 4 years of age c) For combination (IPV/OPV) or OPV only series; 4 doses must be given	<b>Hepatitis B: 3 Doses</b> 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 6 months of age
12-15 Months	<b>MMR VAR HIB* PCV</b>	<b>Hepatitis A: 2 Doses</b> a) 6 month minimum interval between dose 1 and dose 2	<b>Additional Notes:</b> <ul style="list-style-type: none"> <li>• Vaccine doses given up to 4 days before the minimum interval or age may be considered valid.</li> <li>• With the exception of Hepatitis B vaccine, immunizations given before 6 weeks of age are not considered valid.</li> <li>• Half doses or reduced doses of vaccine are not considered valid.</li> </ul>
15-18 Months	<b>DTaP/DT</b>	<b>Meningococcal (Serogroup A,C,W,Y): 2 Doses</b> 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	<b>Effective August 2, 2019</b> <ul style="list-style-type: none"> <li>• Hepatitis A series for entry into school</li> <li>• Meningococcal (Serogroup A,C,W,Y) for 7th and 11th grade</li> </ul>
12-23 Months	<b>HEP A</b>		
6 Months after 1st dose	<b>HEP A</b>		
*Number of doses is dependent on brand given. Contact the Kansas Immunization Program, if assistance in determining correct dosing is needed.  ACIP Recommended Schedule: <a href="https://www.cdc.gov/vaccines/schedules/index.html">https://www.cdc.gov/vaccines/schedules/index.html</a>			

**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.**