

# 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/dT/dap</b> (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for grades 7-12. State Type							
<b>Polio</b> Required for school entry.							
<b>HEP B</b> (Hepatitis B) Required for school entry.							
<b>Varicella</b> (Chickenpox) Required for school entry.							
<b>MMR</b> (Measles, Mumps, and Rubella combined) Required for school entry.							
<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.							

**LEGAL ALTERNATIVES TO VACCINATION REQUIREMENTS "KSA 72-5209"**

**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: \_\_\_\_\_ Date: \_\_\_\_\_  
 Authorized Representative: \_\_\_\_\_  
 Address: \_\_\_\_\_

The record presented was:  
 Kansas Immunization Record  
 Other Immunization Record (Specify) \_\_\_\_\_

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."

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 \_\_\_\_\_