# 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

<table>
<thead>
<tr>
<th>VACCINE</th>
<th>RECORD THE MONTH, DAY, AND YEAR THAT EACH DOSE OF VACCINE WAS RECEIVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTaP/DTd/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for entry to 7th grade.</td>
<td></td>
</tr>
<tr>
<td>Polio Required for school entry.</td>
<td></td>
</tr>
<tr>
<td>HEP B (Hepatitis B) Required for school entry.</td>
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<tr>
<td>Varicella (Chickenpox) Required for school entry.</td>
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</tr>
<tr>
<td>MMR (Measles, Mumps, and Rubella combined) Required for school entry.</td>
<td></td>
</tr>
<tr>
<td>HIB (Haemophilus Influenzae Type B) Required &lt; 5 years of age for preschool or child care operated by a school.</td>
<td></td>
</tr>
<tr>
<td>PCV (Pneumococcal Conjugate) Required &lt; 5 years of age for preschool or child care operated by a school.</td>
<td></td>
</tr>
<tr>
<td>HEP A (Hepatitis A) Required for school entry.</td>
<td></td>
</tr>
<tr>
<td>MCV4 (Meningococcal -Serogroup ACWY) Required for school entry. Doses required for entry into 7th grade and 11th grade.</td>
<td></td>
</tr>
<tr>
<td>HPV (Human Papillomavirus) Recommended at 11-12 years of age. Not required for school entry.</td>
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</tr>
<tr>
<td>Rotavirus Recommended &lt; 8 months of age. Not required for school entry.</td>
<td></td>
</tr>
</tbody>
</table>

## Hx of Disease:

[ ] Y [ ] N

**HCP Signature:**

**Date of Illness:**

## 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
  - [ ] 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

<table>
<thead>
<tr>
<th>ACIP Recommended Schedule</th>
<th>Kindergarten through 12th Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>DTaP: 5 Doses</td>
</tr>
<tr>
<td></td>
<td>MMR: 2 Doses</td>
</tr>
<tr>
<td></td>
<td>Tdap/Td: 7 years and older</td>
</tr>
<tr>
<td></td>
<td>Polio: 4 Doses</td>
</tr>
<tr>
<td>2 Months</td>
<td>Hepatitis A: 2 Doses</td>
</tr>
<tr>
<td></td>
<td>Meningococcal (Serogroup A,C,W,Y): 2 Doses</td>
</tr>
<tr>
<td></td>
<td>PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.</td>
</tr>
</tbody>
</table>

**DTaP:** 5 Doses
- 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

**MMR:** 2 Doses
- 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

**Tdap/Td:** 7 years and older
- 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:
  - i) 4 week minimum interval between dose 1 and dose 2; 6 month interval between dose 2 and dose 3

**Polio:** 4 Doses
- 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

**Hepatitis A:** 2 Doses
- a) 6 month minimum interval between dose 1 and dose 2

**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

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**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.