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	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
DTaP/Td/Tdap (Diphtheria, Tetanus, Pertussis) Required for school entry. Single Tdap required for entry to 7th grade. State Type							
Polio Required for school entry.						If additional doses are added, please initial the dose and sign below:	
HEP B (Hepatitis B) Required for school entry.							
Varicella (Chickenpox) Required for school entry.			Hx of Disease:__Y __N Date of Illness: _____ HCP Signature:				
MMR (Measles, Mumps, and Rubella combined) Required for school entry.							
Influenza (Flu) Recommended annually for ages 6 months of age and older. Not required for school entry.							
HIB (Haemophilus Influenzae Type B) Required < 5 years of age for preschool or child care operated by a school.							
PCV (Pneumococcal Conjugate) Required < 5 years of age for preschool or child care operated by a school.							
HEP A (Hepatitis A) Required for school entry.							
MCV4 (Meningococcal -Serogroup ACWY) Required for school entry. Doses required for entry into 7th grade and 11th grade.							
HPV (Human Papillomavirus) Recommended at 11 to 12 years of age. Not required for school entry.							
Rotavirus Recommended < 8 months of age. Not required for school entry.							

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: Date _____

❑ 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 66612-1373
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

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

Birth	**HEP B**
2 Months	**DTaP** **POLIO** **HEP B** **HIB*** **PCV**
4 Months	**DTaP** **POLIO** **HIB*** **PCV**
6 Months	**DTaP** **POLIO** **HEP B** **HIB*** **PCV**
12-15 Months	**MMR** **VAR** **HIB*** **PCV**
15-18 Months	**DTaP**
12-23 Months	**HEP A**
6 Months after 1st dose	**HEP A**

*Number of doses is dependent on brand given. Contact the Kansas Immunization Program, if assistance in determining correct dosing is needed.

Kindergarten through 12th Grade

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

Tdap/TD: 7 years and older

a) Single dose of Tdap required for entry to 7th grade, between 11-12 years of age

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/tOPV) or tOPV 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

MMR: 2 Doses

a) Dose 1 on or after 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

Varicella: 2 Doses

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

Hepatitis B: 3 Doses

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 24 weeks of age

Additional Notes:

- 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.

Additional vaccine information:
Kansas School Immunization Requirements are located at https://www.kdhe.ks.gov/324/Immunization-Requirements
American Academy of Pediatrics Recommended Child and Adolescent Immunization Schedule is located at https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf
American Academy of Family Physicians Recommended Child and Adolescent Immunization Schedule is located at https://www.aafp.org/dam/AAFP/documents/patient_care/immunizations/2025%20Adolescent%20Schedule.pdf

PARENTS AND/OR GUARDIANS ARE NOT AUTHORIZED TO COMPLETE KCI FORMS.

KCI FORM B - MEDICAL EXEMPTION is located at https://www.kdhe.ks.gov/DocumentCenter/View/21274/2026-2027-KCI-form-B-PDF
BLANK VERSION OF KCI FORM is available at https://www.kdhe.ks.gov/DocumentCenter/View/21273/2026-2027-Blank-KCI-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.