

## History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).**

Vaccine	Record the Month Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Diphtheria, Tetanus, Pertussis (DTaP)						
Polio (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) **Recommended annually >6 mo of age; not required						

**Section II.**

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

**(A) Certification from licensed physician stating that immunization would endanger child's life:**

Exempt from following immunizations:

\_\_\_\_\_DTaP/DT    \_\_\_\_\_Tdap/TD    \_\_\_\_\_Pertussis Only    \_\_\_\_\_Polio    \_\_\_\_\_MMR    \_\_\_\_\_HepA    \_\_\_\_\_HepB    \_\_\_\_\_Hib  
 \_\_\_\_\_PCV    \_\_\_\_\_Varicella    \_\_\_\_\_Other

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.**

**Section III.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_