## 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 | | | | | |
|---|---|---|---|---|---|---|
| | 1st | 2nd | 3rd | 4th | 5th | 6th |
| **Diphtheria, Tetanus, Pertussis** (DTaP) | | | | | | |
| **Poliomyelitis** (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:**_____