



COMMONWEALTH OF KENTUCKY
IMMUNIZATION CERTIFICATE

(Required for each child enrolled in day care center, certified family child care home, other licensed facility which cares for children, preschool programs, and public and private primary and secondary schools.)

Name of Child: (Last) (First) (Middle) Birthdate:

Name of Parent of Guardian:

Address: (Street) (City) (State) (Zip code)

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis* #1 #2 #3 #4 #5

Hib** #1 #2 #3 #4

PCV (Pneumococcal) #1 #2 #3 #4

Polio #1 #2 #3 #4

Hepatitis B*** #1 #2 #3 or Adult dose: #1 #2

MMR (Measles, Mumps, Rubella) #1 #2

Varicella #1 #2 or child has had chickenpox or zoster disease (X)

Tdap #1 or Td #1 Meningococcal #1

*DTaP, DTP, or DT **Hib not required at 5 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.





COMMONWEALTH OF KENTUCKY
CERTIFICATE OF MEDICAL EXEMPTION

[] Permanent Exemption

[] Temporary Exemption

Name of Child: (Last) (First) (Middle) Birthdate:

Name of Parent of Guardian:

Address: (Street) (City) (State) (Zip code)

THE ABOVE NAMED CHILD HAS SPECIFIC HEALTH OR PHYSICAL CONDITIONS WHICH ARE
RECOGNIZED CONTRAINDICATIONS TO THE ADMINISTRATION OF ONE OR MORE OF THE
REQUIRED VACCINE(S).

Vaccine(s) Contraindicated:

DATES IMMUNIZATIONS WERE ADMINISTERED (Month/Day/Year)

Diphtheria, Tetanus, Pertussis #1 #2 #3 #4 #5

Hib** #1 #2 #3 #4

PCV (Pneumococcal) #1 #2 #3 #4

Polio #1 #2 #3 #4

Hepatitis B** #1 #2 #3 or Adult dose: #1 #2

MMR (Measles, Mumps, Rubella) #1 #2

Varicella #1 #2 or child has had chickenpox or zoster disease (X)

Tdap #1 or Td #1 Meningococcal #1

*DTaP, DTP, or DT **Hib not required at 5 years of age or more. ***Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age.

This child is current for immunizations until (14 days after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED IMMUNIZATIONS AS STIPULATED ABOVE.

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee)

(Date)

(Name of Office or Licensed Healthcare Facility)

This certificate should be presented to the school or facility in which the child intends to enroll and should be retained by the school or facility and filed with the child's health record.





COMMONWEALTH OF KENTUCKY
CERTIFICATE OF RELIGIOUS EXEMPTION

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle)

Name of Parent of Guardian: _____

Address: _____
(Street) (City) (State) (Zip code)

**THE ABOVE NAMED CHILD IS HEREBY GRANTED A RELIGIOUS EXEMPTION FROM THE
REQUIRED IMMUNIZATIONS FOR SCHOOL ENTRY IN THE COMMONWEALTH OF KENTUCKY.**

(Signature of physician, APRN, PA, pharmacist, LHD administrator, or nurse designee) (Date)

(Name of Office or Licensed Healthcare Facility)

**This certificate should be presented to the school or facility in which the child intends to enroll and
should be retained by the school or facility and filed with the child's health record.**

Summary of Immunization Requirements for School, Daycare & Head Start
 (Refer to 902 KAR 2:060 effective July 1, 2011, for details on exceptions and exemptions)

If a child is this age	These immunizations are required for attendance
<3 months	None
≥3 - <5 months	1 DTaP or DTP; 1 IPV or OPV; 1 Hib; 1 Hep B; 1 PCV
≥5 - <7 months	2 DTaP or DTP, or combination of the two; 2 IPV or OPV, or combination of the two; 2 Hib; 2 Hep B; 2 PCV
≥7 - <12 months	3 DTaP or DTP, or combination of the two; 2 OPV or IPV, or combination of the two; 2 Hib ¹ ; 2 Hep B; 3 PCV*
≥12 - <16 months	3 DTaP or DTP, or combination of the two; 2 OPV or IPV, or combination of the two; 3 Hib ^{1,2} ; 2 Hep B; 4 PCV*
≥16 - <19 months	4 DTaP or DTP, or a combination of the two; 2 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 2 Hep B; 4 PCV ³ ; 1 MMR; 1 Varicella
≥19 - 48 months	4 DTaP or DTP, or a combination of the two; 3 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 3 Hep B; 4 PCV ⁸ ; 1MMR; 1 Varicella ⁴ ;
≥48 months - <5 years	4 DTaP or DTP, or a combination of the two; 3 OPV or IPV, or a combination of the two; 4 Hib ^{1,2} ; 3 Hep B; 4 PCV ³ ; 2 MMR; 2 Varicella ⁴
≥ 5 years - <7 years	5 DTaP or DTP ⁵ , or a combination of the two; 4 OPV or IPV ⁶ , or a combination of the two; 3 Hep B; 2 MMR; 2 Varicella ⁴
≥7 years - <11 years	5 DTaP or DTP ⁵ , or combination of the two; OR 1 dose of Td that was preceded by (2) doses DTaP, DTP,DT Td or combination of the (4) vaccines; 4 OPV or IPV ⁶ , or combinations of the two; 3 HepB; 2 MMR; 2 Varicella
At 6 th grade entry	1 Tdap; 4 IPV or OPV or combinations of the 2 vaccines; 3 Hep B ⁷ ; 2 MMR; 2 Varicella; 1 MCV or MPSV.
≥10 years since last DTaP, DTP or Td	1 Tdap if no previous dose of Tdap has been administered. Otherwise, give one dose of Td.

Notes:

- 1 If first two doses of Hib vaccine were meningococcal protein conjugate the third dose may be omitted and the child shall be considered as having received three (3) doses
 - 2 If Hib vaccine has been administered on or after 15 months of age, the child is not required to have further doses
 - 3 One dose of PCV vaccine must be administered on or after 12 months of age.
 - 4 Unless a physician states that the child has had chickenpox disease.
 - 5 If the 4th dose of DT, DTP or DTaP was administered on or after the fourth birthday, the fifth dose shall not be required
 - 6 If the 3rd dose of IPV or OPV was administered on or after the fourth birthday the fourth dose shall not be required if at least 6 months preceded the previous dose.
 - 7 Children 11-15 years of age may receive an alternate two-dose series consisting of two 10 mcg doses of Merck's RecombivaxHB separated by 4-6 months
 8. If (1) dose of PCV has been administered on or after 24 months of age the child is not required to have further doses
- *A child who receives the first dose of PCV vaccine between 7 to 11 months of age may need fewer doses to complete the series. Refer to 902 KAR 2:060 and the ACIP Recommended Immunization Schedule for details

**VACCINATION EXEMPTION PURSUANT TO THE
KENTUCKY REVISED STATUES (KRS) § 158.035**

TITLE XVIII PUBLIC HEALTH

§ 214.036 *Exceptions to testing or immunization requirement.*

Nothing contained in KRS 158.035, 214.010, 214.020, 214.032 to 214.036, and 214.990 shall be construed to require the testing for tuberculosis or the immunization of any child at a time when, in the written opinion of his attending physician, such testing or immunization would be injurious to the child's health. *Nor shall KRS 158.035, 214.010, 214.020, 214.032 to 214.036, and 214.990 be construed to require the immunization of any child whose parents are opposed to medical immunization against disease, and who object by a written sworn statement to the immunization of such child on religious grounds.* Provided, however, that in the event of an epidemic in a given area, the Cabinet for Health Services may, by emergency regulation, require the immunization of all persons within the area of epidemic, against the disease responsible for such epidemic.

Affidavit

I, _____, hereby certify that the administration of any vaccine or other immunizing agents is contrary to my personal religious beliefs.

I am exercising my rights under the **First Amendment of the US Constitution** and **§ KRS 214.036** to receive Religious Exemption from Vaccination & testing

Signature: _____ Date _____

Signature: _____ Date _____

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary's Signature and Seal