

COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

Name of Child: _____ Birthdate: _____
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: _____
(Last) (First) (Middle) (Suffix)

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

VACCINE	DOSE 1 MM/DD/YYYY	DOSE 2 MM/DD/YYYY	DOSE 3 MM/DD/YYYY	DOSE 4 MM/DD/YYYY	DOSE 5 MM/DD/YYYY
Hepatitis B	/ /	/ /	/ /	/ /	/ /
Alt. Adult Hepatitis B ¹	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT ²	/ /	/ /	/ /	/ /	/ /
Hib ³	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /
Hepatitis A	/ /	/ /	/ /	/ /	/ /
Meningococcal	/ /	/ /	/ /	/ /	/ /
Td	/ /	/ /	/ /	/ /	/ /
Tdap	/ /	/ /	/ /	/ /	/ /
Rotavirus	/ /	/ /	/ /	/ /	/ /
HPV	/ /	/ /	/ /	/ /	/ /
Men B	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PPSV23)	/ /	/ /	/ /	/ /	/ /

Had Chickenpox or Zoster Disease Yes No _____

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³Hib not required at 5 years of age or more.

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is current for immunizations until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

This child is not up-to-date at this time. This certificate is valid until ____/____/____ (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.

Reason child is not up-to-date:

Provisional Status - Child is behind on required immunizations.

Medical Exemption - The following immunizations are not medically indicated: _____

If Medical Exemption, can these vaccines be administered at a later date? No: _____ Yes: _____ Date: ____/____/____

Religious Objection

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

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

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.





APPLICATION FOR KENTUCKY IMMUNIZATION CERTIFICATE

Please fill out the following information to obtain a KENTUCKY IMMUNIZATION CERTIFICATE

Please Print

Social Security #: _____

Date: _____

Child's Name: _____
(First) (Middle) (Last)

Child's Birth Date: _____ MM/DD/YYYY M ___ F ___ Race: _____

Ethnicity: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Parent or Guardian Name: _____

Parent or Guardian Daytime Telephone Number: _____

Number of people living in the child's home: _____ Approximate Annual Income: _____ (Optional)

Primary Care Provider: _____

Has the child ever been to the Health Department for services? YES NO

If YES, when and what Health Department? _____

Is this child currently enrolled / was enrolled the past school year in a Kentucky school? YES NO

What grade will the child be entering? _____

As of July 1, 2011, Kentucky schools require physician documentation of the chicken pox disease or documentation that your child has received the Varicella vaccine. To ensure prompt receipt of a valid Kentucky Immunization Certificate, please attach the documentation to your application for the Kentucky Immunization Certificate.

It is the Parent or Legal Guardian's responsibility to provide this documentation. Failure to do so will delay your child's receipt of a valid Kentucky Immunization Certificate.

Please Note:

It may take 24 – 48 hours to process a Kentucky immunization Certificate.

If the child is not up to date on immunizations or a certificate cannot be issued because of another reason, we will attempt to notify you at the number listed above.