

Pediatric School Certificates & Immunization Review Process

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Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

Kentucky Department for Public Health

Mission and Vision in Action

Our Vision

Healthier People...Healthier Communities

Our Mission

To improve the health and safety of people in Kentucky through **Prevention, Promotion, and Protection**

Our REACH Values

Responsiveness **E**quity **A**ccountability **C**ollaboration **H**onesty

Focus Areas

Childhood Vaccines



Certificate Issuing Office Name and Address
 LOUISVILLE METRO HEALTH DEPT
 400 E GRAY ST
 UNIT B-07
 LOUISVILLE, KY 40202-0000

This Certificate was printed from the
 Kentucky Immunization Registry 04/28/2023

**COMMONWEALTH OF KENTUCKY
 CERTIFICATE OF IMMUNIZATION STATUS**

Name of Child: SIMPSON BART Birthdate: 04/05/2007
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: SIMPSON MARGE
(Last) (First) (Middle) (Suffix)

Address: 123 MAIN ST SPRINGFIELD IL 62629
(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⁾	04/05/2007 //	05/15/2007 //	08/18/2007	10/23/2007	
DTap/DTP/DT ⁽²⁾	06/15/2007	08/18/2007	10/23/2007	07/07/2008	04/15/2011
Hib ⁽³⁾	06/15/2007	08/18/2007	10/23/2007	04/06/2008	
Pneumococcal	04/06/2008 //	//	//	//	
Polio	06/15/2007	08/18/2007	10/23/2007	04/15/2011	//
Influenza	//	//			
MMR	04/06/2008	04/15/2011			
Varicella	04/06/2008	04/15/2011	Had Chickenpox or Zoster Disease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	//
Hepatitis A	04/06/2008	10/10/2008			
Meningococcal	04/05/2023	//			
Td	//	//			
Tdap	04/05/2018	//			
Rotavirus	//	//	//		
HPV	//	//			
Men B	//	//			
Pneumococcal (PPSV23)	//	//			

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

- This child is current for immunizations until 04/29/2028, (14 days after the next shot is due) after which this certificate is no longer valid and a new certificate must be obtained.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 This certificate is valid until // //, (14 days after the next shot is due) after which this certificate is no longer valid, and a new certificate must be obtained.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

Pursuant to 902 KAR 2:060 § 4(3), a signature is not required as this Certificate was printed from the Kentucky Immunization Registry

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.



(Rev 8/2017)

Kentucky Certificate of Immunization Status



Certificate Issuing Office Name and Address
 LOUISVILLE METRO HEALTH DEPT
 400 E GRAY ST
 UNIT B-07
 LOUISVILLE, KY 40202-0000

This Certificate was printed from the
 Kentucky Immunization Registry 04/28/2023

**COMMONWEALTH OF KENTUCKY
 CERTIFICATE OF IMMUNIZATION STATUS**

Name of Child: SIMPSON LISA Birthdate: 01/06/2018
(Last) (First) (Middle) (Suffix) (MM/DD/YYYY)

Name of Parent: SIMPSON MARGE
(Last) (First) (Middle) (Suffix)

Address: 123 MAIN ST SPRINGFIELD IL 62629
(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⁾	01/06/2018	03/30/2018	05/15/2018	07/23/2018	
DTaP/DTP/DT ⁽²⁾	03/10/2018	05/15/2018	07/23/2018	03/06/2019	01/16/2022
Hib ⁽³⁾	03/10/2018	05/15/2018	07/23/2018	//	
Pneumococcal	//	//	//	//	
Polio	03/10/2018	05/15/2018	07/23/2018	03/06/2019	01/16/2022
Influenza	//	//			
MMR	01/06/2019	//			
Varicella	01/06/2019	//	Had Chickenpox or Zoster Disease	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	//
Hepatitis A	01/06/2019	07/06/2019			
Meningococcal	//	//			
Td	//	//			
Tdap	//	//			
Rotavirus	//	//	//		
HPV	//	//			
Men B	//	//			
Pneumococcal (PPSV23)	//	//			

(1) Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. (2) DTaP, DTP, or DT. (3) Hib 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 05/12/2023, (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

Pursuant to 902 KAR 2:060 § 4(3), a signature is not required as this Certificate was printed from the Kentucky Immunization Registry

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.



(Rev 8/2017)

Blank Kentucky Immunization Certificate

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*	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
DTaP/DTP/DT*	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Hib [†]	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Pneumococcal (PCV13)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Polio	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Influenza	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
MMII	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Varicella	__/__/__	__/__/__	Had Chickenpox or Zoster Disease	Yes	No
Hepatitis A	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Meningococcal	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Td	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Tdap	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Rotavirus	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
HPV	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Men B	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__
Pneumococcal (PPSV23)	__/__/__	__/__/__	__/__/__	__/__/__	__/__/__

*Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. -DTaP, DTP, or DT. -Hib 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.

Commonwealth of Kentucky

Parent or Guardian's Declination on Religious Grounds to Required Immunizations

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDHP) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. KRS 214.036 requires parents who object to immunization of their child to provide a written sworn statement objecting to immunization of the child on religious grounds.

Place an "X" in a box or boxes to the left of each disease, listed below, for which you object to your child receiving the immunization. Initial and date the box on the right.

<input type="checkbox"/> Hepatitis B: According to the CDC and KDHP, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, or death.	Initials _____ Date _____
<input type="checkbox"/> Diphtheria (DTaP, DT, Tdap, Td): According to the CDC and KDHP, serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, or death.	Initials _____ Date _____
<input type="checkbox"/> Tetanus (DTaP, DT, Tdap, Td): According to the CDC and KDHP, serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, or death.	Initials _____ Date _____
<input type="checkbox"/> Pertussis (Whooping Cough) (DTaP, Tdap): According to the CDC and KDHP, serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/> Haemophilus influenzae type b (Hib): According to the CDC and KDHP, serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, or death.	Initials _____ Date _____
<input type="checkbox"/> Pneumococcal: According to the CDC and KDHP, serious symptoms and effects of this disease include: chest pain with rapid breathing or difficulty breathing, a high fever, shaking, chills, excessive sweating, fatigue, confusion, and a cough with phlegm that persists or worsens, pneumonia, brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/> Polio: According to the CDC and KDHP, serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, or death.	Initials _____ Date _____
<input type="checkbox"/> Measles, Mumps, Rubella (MMR): According to the CDC and KDHP, serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, or death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, or death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, or learning disability.	Initials _____ Date _____
<input type="checkbox"/> Varicella (Chickenpox): According to the CDC and KDHP, serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, or death.	Initials _____ Date _____
<input type="checkbox"/> Hepatitis A: According to the CDC and KDHP, serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, or death.	Initials _____ Date _____
<input type="checkbox"/> Meningococcal: According to the CDC and KDHP, serious symptoms and effects of this disease include: severe headache, stiff neck, confusion, seizures (jerking and staring), high fever, nausea and vomiting, sensitivity of eyes to light, hearing loss, pneumonia, brain damage, or death.	Initials _____ Date _____

Due to my religious beliefs, I object to my child receiving the required immunizations selected above. I am aware that if I change my mind, I can rescind this objection and obtain immunizations for my child. Initials _____

- Additional information about vaccine preventable diseases, immunizations and reduced or no cost immunization services is available from the local health department in each county.
- In the event that the county health department or state health department declares an outbreak of a vaccine-preventable disease for which proof of immunity for a child cannot be provided, he or she may not be allowed to attend childcare or school for up to three (3) weeks, or until the risk period ends.

Child's Name _____
Last First Middle

Child's Date of Birth _____
MM/DD/YYYY

Parent Signature _____

Date _____
MM/DD/YYYY

To be completed by Notary Public

STATE OF _____)
COUNTY OF _____)

Subscribed, sworn to or affirmed under oath and acknowledged before me, a Notary Public in and for the state and county aforesaid by _____, on this the _____ day of _____, 20____.

Notary Public, State at Large

My Commission Expires: _____



EPID-230A (REVISED 06/2017)



Kentucky 902 KAR 2:060

A child ages 19 months up to 48 months (4 years)

DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 4 doses
IPV or OPV	✓ 3 doses
Hib	<ul style="list-style-type: none"> ✓ 3 or 4 doses (depending on type of vaccine), or ✓ 3 doses if 1st dose given before 12 months and 2nd dose given before 15 months, or ✓ 2 doses if 1st dose given at 12-14 months, or ✓ 1 dose if 1st dose was given after 15 months
Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
PCV	<ul style="list-style-type: none"> ✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1st dose given at 7-11 months with at least 1 dose given at age 12 months or after, or ✓ 2 doses if 1st dose given at age 12-23 months, or ✓ 1 dose if 1st dose given after 24 months
MMR	✓ 1 dose
Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060
A child ages 48 months (4 years) up to 5 years

DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 4 doses
IPV or OPV	✓ 3 doses
Hib	<ul style="list-style-type: none"> ✓ 3 or 4 doses (depending on type of vaccine), or ✓ 3 doses if 1st dose given before 12 months and 2nd dose given before 15 months, or ✓ 2 doses if 1st dose given at 12-14 months, or ✓ 1 dose if 1st dose was given after 15 months
Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
PCV	<ul style="list-style-type: none"> ✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1st dose given at 7-11 months with at least 1 dose given at age 12 months or after, or ✓ 2 doses if 1st dose given at age 12-23 months, or ✓ 1 dose if 1st dose given after 24 months
MMR	✓ 2 doses
Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060 A child ages 5 years up to 7 years

DTaP or DTP	<p>(DT may be used if contradiction to Pertussis)</p> <ul style="list-style-type: none"> ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose
IPV or OPV	<ul style="list-style-type: none"> ✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
Hepatitis B	<ul style="list-style-type: none"> ✓ 3 doses (last dose must be given after the 6-month birthday)
Hepatitis A	<ul style="list-style-type: none"> ✓ 2 doses (spaced at least 6 months apart)
MMR	<ul style="list-style-type: none"> ✓ 2 doses
Varicella	<ul style="list-style-type: none"> ✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060

A child ages 7 years up to 11 years

DTaP or DTP	<ul style="list-style-type: none"> ✓ Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines or ✓ Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose; or ✓ A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines
IPV or OPV	<ul style="list-style-type: none"> ✓ Five (5) doses of DTaP or DTP or combinations of the two (2) vaccines; or ✓ Four (4) doses of DTaP or DTP or combinations of the two (2) vaccines if the fourth dose was received when aged four (4) years or older and at least six (6) months after the previous dose; or ✓ A dose of Td that was preceded by two (2) doses of DTaP, DTP, DT, or Td or combinations of the four (4) vaccines
Hepatitis B	✓ Three (3) doses of HepB
Hepatitis A	✓ Two (2) doses of HepA
MMR	✓ Two (2) doses of MMR
Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060 A child ages 11 and 12 years old

DTaP or DTP	<p>(DT may be used if contradiction to Pertussis)</p> <ul style="list-style-type: none"> ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
IPV or OPV	<ul style="list-style-type: none"> ✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
Hepatitis B	<ul style="list-style-type: none"> ✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
Hepatitis A	<ul style="list-style-type: none"> ✓ 2 doses (spaced at least 6 months apart)
MMR	<ul style="list-style-type: none"> ✓ 2 doses
Varicella	<ul style="list-style-type: none"> ✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
Tdap	<ul style="list-style-type: none"> ✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
MenACWY	<ul style="list-style-type: none"> ✓ 1 dose

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060

A child ages 13 and up to 16 years old

DTaP or DTP	<p>(DT may be used if contradiction to Pertussis)</p> <ul style="list-style-type: none"> ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
IPV or OPV	<ul style="list-style-type: none"> ✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
Hepatitis B	<ul style="list-style-type: none"> ✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
Hepatitis A	<ul style="list-style-type: none"> ✓ 2 doses (spaced at least 6 months apart)
MMR	<ul style="list-style-type: none"> ✓ 2 doses
Varicella	<ul style="list-style-type: none"> ✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
Tdap	<ul style="list-style-type: none"> ✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
MenACWY	<ul style="list-style-type: none"> ✓ 1 dose

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060 A child ages 16 years and older

DTaP or DTP	<p>(DT may be used if contradiction to Pertussis)</p> <ul style="list-style-type: none"> ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after, or ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
IPV or OPV	<ul style="list-style-type: none"> ✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
Hepatitis B	<ul style="list-style-type: none"> ✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
Hepatitis A	<ul style="list-style-type: none"> ✓ 2 doses (spaced at least 6 months apart)
MMR	<ul style="list-style-type: none"> ✓ 2 doses
Varicella	<ul style="list-style-type: none"> ✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
Tdap	<ul style="list-style-type: none"> ✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
MenACWY	<ul style="list-style-type: none"> ✓ 2 doses, or ✓ 1 dose if received at age 16 or older

Note: All required vaccinations in Kentucky 902 KAR 2:060 shall be received in accordance with the minimum age and intervals between doses as recommended by ACIP.

Kentucky 902 KAR 2:060

🏥 Refer to Kentucky 902 KAR 2:060 

- Details on exceptions and exemptions

[Title 902 Chapter 2 Regulation 060](#) •
[Kentucky Administrative Regulations](#) •
[Legislative Research Commission](#)

🏥 Refer to Kentucky KRS 214.036 

- Exceptions to testing or immunization requirement.

[KRS 214.036 Exceptions](#)



ACIPs Recommended Vaccines

Includes all of the Kentucky required vaccines as in 902 KAR 2:060 and recommends the following:

- 🛡️ Influenza (annual vaccination) ages 6 months and older
- 🛡️ COVID-19 (complete series) ages 6 months and older
- 🛡️ HPV (complete series) ages 9-26 years old
- 🛡️ MenB (complete series) ages 16-23 years old *based on shared clinical decision making*

For more information, visit: [Birth-18 Years Immunization Schedule – Healthcare Providers | CDC](#)



Monitoring Vaccination Status

- 🛡️ Upon enrollment to child day care centers, certified family child care homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools
- 🛡️ Upon legal name change
- 🛡️ At a school required examination pursuant to 702 KAR 1:160 (School health services)

Monitoring Vaccination Status

- 🛡️ Upon enrollment in a:
 - Child day care center
 - Certified family child care home
 - Pre-Schools (including head start)
 - Licensed facility that cares for a child; or
 - School at:
 - Kindergarten entry
 - Seventh grade entry
 - Eleventh grade entry
 - New enrollment at any grade resulting from a transfer to Kentucky from another state, Kentucky from a country outside of the United States or a school from another school within Kentucky

Upon Review- Immunization Certificate is Expired

Child shall be recommended to visit the child's medical provider or local health department to receive immunizations required with an **updated and current certificate be provided:**

- 🛡️ Within **30 days** from when the certificate was found to be invalid
 - Day Care Centers
 - Certified family child care homes
 - Any licensed facility that cares for children

- 🛡️ Within **14 days** from when the certificate was found to be invalid
 - School

Immunization Reporting (KY 902 KAR 2:055)

- 🏥 Submit Immunization results to Local Health Department
 - Kindergartens and public and private elementary and secondary schools
 - Kindergarten
 - Seventh grade
 - Eleventh grade
- 🏥 The annual survey (submitted using an electronic reporting system provided by the Kentucky Department for Public Health) shall include the number of:
 - Students in the grade surveyed
 - Missing immunization records
 - Religious exemptions declinations
 - Medical exemptions
 - Children who have received age appropriate immunizations
 - Vaccine specific exemptions

For Kentucky Law Requirements on Immunization data reporting and exchange, visit:
[Title 902 Chapter 2 Regulation 055 • Kentucky Administrative Regulations • Legislative Research Commission](#) 



Immunization Reporting

In accordance with Kentucky Regulation 902 KAR 2:055 public and private elementary and secondary schools shall submit results for the Commonwealth of Kentucky Annual School Immunization Survey for Kindergarten, Seventh, and Eleventh grade.

Annual School Survey

- Monitors vaccination coverage
- Used to identify areas where vaccination rates may be low
- Identifies schools/communities where children may be at risk for VPDs
- Used to target resources to improve vaccination coverage
- Determine impact of vaccination policies and programs
- Accurate reporting is critical

Information on the annual school immunization surveys, including links and instructions to complete, can be found at: [Immunization Branch - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov/cabinet/health-family-services/immunization-branch)

Annual School Immunizations Survey

- 🛡️ It is required that a School Survey be conducted annually.
 - Kentucky State requirement - regulation 902 KAR 2:055, Section 2
<https://apps.legislature.ky.gov/law/kar/titles/902/002/055/>
- 🛡️ Immunization schedules required for attending child day care centers, certified family childcare homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools
 - Kentucky State Requirement- regulation 902 KAR 2:060, Section 2
<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>
- 🛡️ The Annual School Immunization Survey Reports can be found at:
<https://chfs.ky.gov/agencies/dph/dehp/Pages/immunization.aspx>



Kindergarten Assessment 2021-2022 school year per the MMWR Report on January 13, 2023

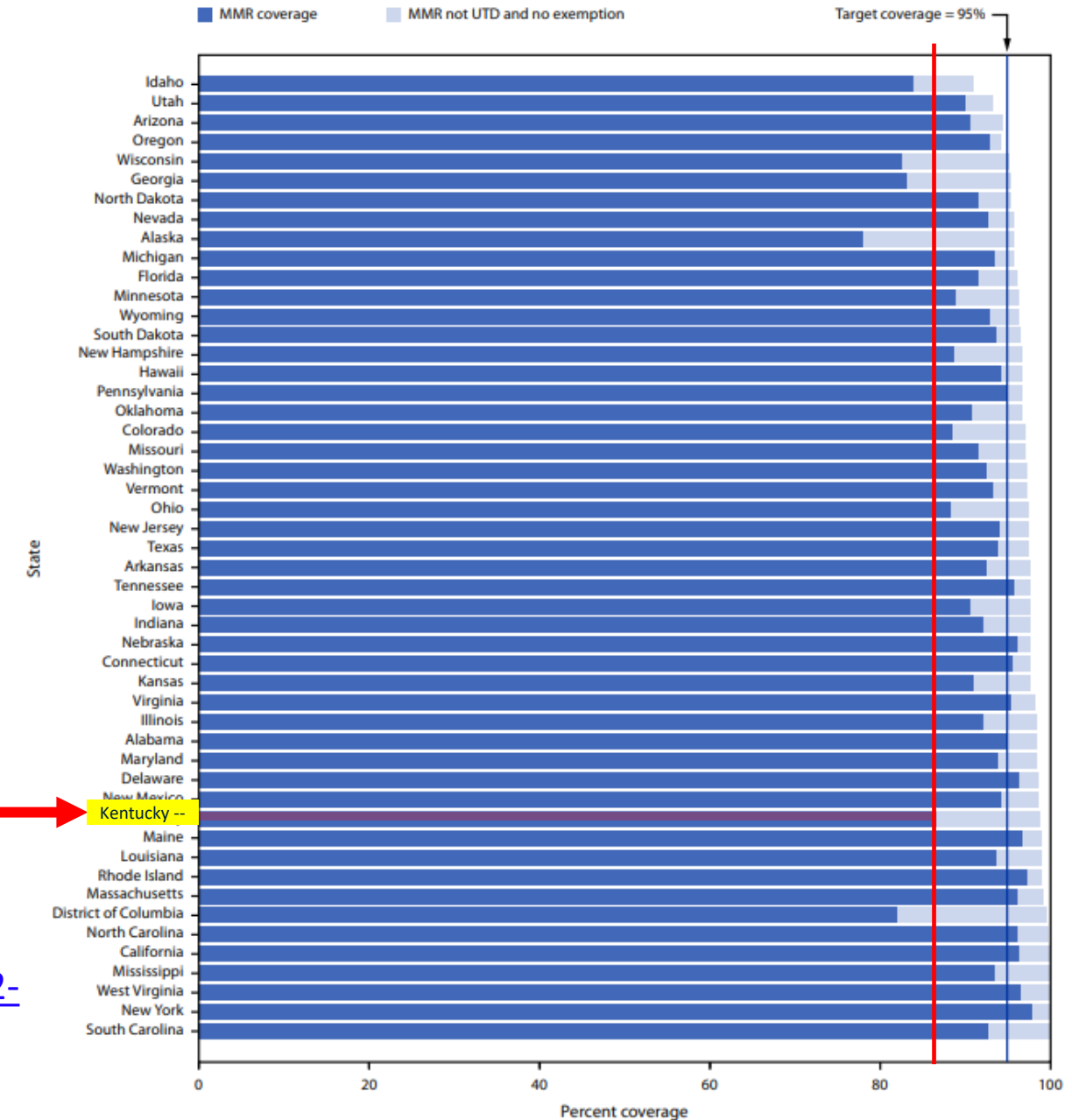
🛡️ Coverage rate for 2 MMRs:

- National estimate: 93.5%
- Kentucky: **86.5%**



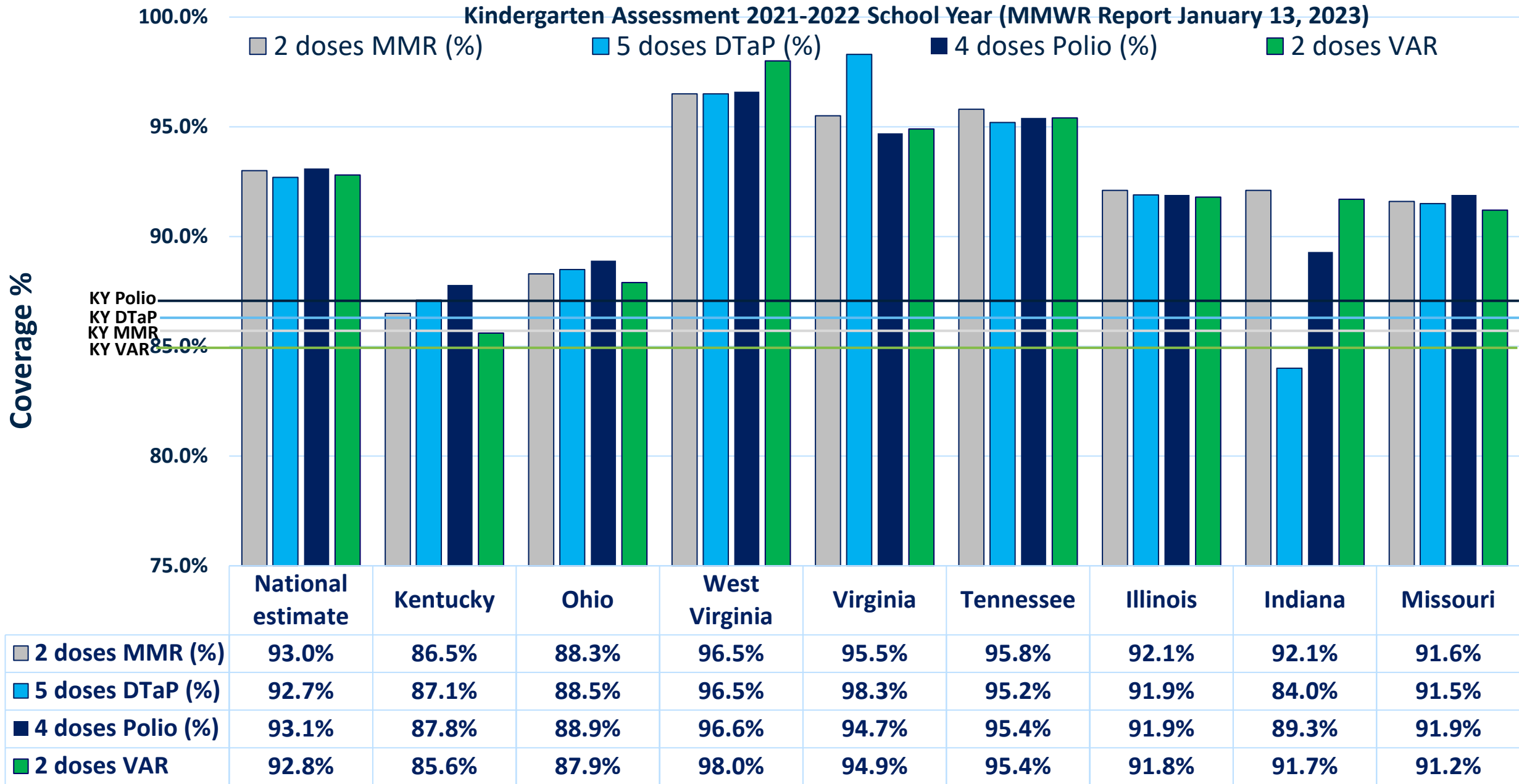
<https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7202a2-H.pdf>

FIGURE 2. Potentially achievable coverage*† with measles, mumps, and rubella vaccine among kindergartners, by state — United States, 2021–22 school year



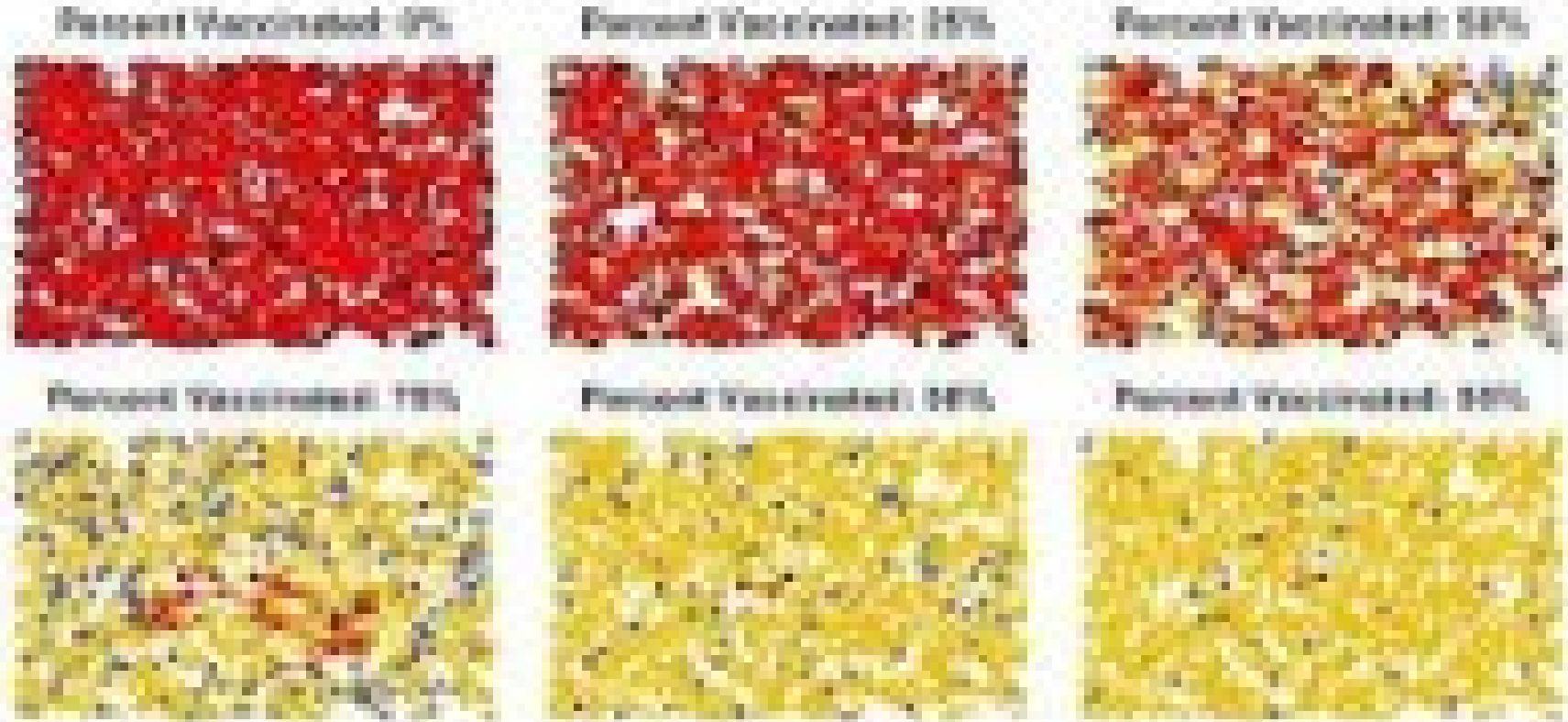
Abbreviations: MMR = measles, mumps, and rubella vaccine; UTD = up to date.
* States are ranked from lowest to highest potentially achievable coverage. Potentially achievable coverage is estimated as the sum of the percentage of students with UTD MMR and the percentage of students without UTD MMR and without a documented vaccine exemption.

Kindergarten Assessment 2021-2022 School Year (MMWR Report January 13, 2023)



Herd Immunity

Herd Immunity: How It Works



© 2010 Centers for Disease Control and Prevention

Back to School Outreach Toolkit

- 🛡️ Printable flyers/SM graphics with optional captions
- 🛡️ KY Immunization Requirements
 - Childcare-Preschool
 - School-Age Children
- 🛡️ Summary of Immunizations Required for Attendance
 - Pre-K and Kindergarten attendance
 - School Attendance
- 🛡️ Call Scripts
- 🛡️ Multiple useful links to additional resources



[Immunization Branch-
Back to School Outreach
Toolkit](#)

Vaccines are the most effective means of protecting children from potentially serious infectious diseases and stopping the spread of disease. Help your parents, students, and staff be prepared and protected at the start of the school year! By utilizing this toolkit, you can help promote the importance of school vaccination.

Preschool & Kindergarten	6th Grade	High School
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[Sharable Social Media Graphics and Flyers](#)
[KY Immunization Requirements for Childcare-PreK](#)
[Summary of Immunizations for Pre-K & Kindergarten Attendance](#)

[Sharable Social Media Graphics and Flyers](#)
[KY Immunization Requirements for School-Age Children](#)
[Summary of Immunizations for School Attendance](#)

[Sharable Social Media Graphics and Flyers](#)
[KY Immunization Requirements for School-Age Children](#)
[Summary of Immunizations for School Attendance](#)

Additional Resources

KDPH	CDC
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[Sample Outreach Call Script](#)
[Commonwealth of KY Certificate of Immunization Status](#)
[Parent or Guardian's Religious Declination \(ENG\)](#)
[Parent or Guardian's Religious Declination \(SPN\)](#)
[Notice of Noncompliance for Immunizations](#)



[Relevant KRS/KAR: Including Summaries](#)
[Notice of Incomplete Health Requirements](#)
[Immunization Action Coalition \(IAC\): Vaccine Information](#)
[Immunize Kentucky Coalition \(IKC\)](#)
[Printable School Ready Sticker](#)

[Vaccine Information Statements \(VIS\) | CDC](#)
[Immunization Schedules for Healthcare Professionals | CDC](#)
[U.S. Vaccine Names | CDC \(Trade Names\)](#)
[ACIP Vaccine Recommendations | CDC \(Advisory Committee on Immunization Practices\)](#)
[Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)

Back to School Outreach Toolkit Pre-K and Elementary

Is your child ready for back to school?

Safe and effective vaccines are available and required for school to offer the best protection!

SCAN ME

Find out which vaccinations that your child may be missing!

BACK TO SCHOOL

Contact your child's healthcare provider today to schedule a back to school physical and get up to date on vaccines!

Kentucky Public Health

This graphic features a dark blue background with faint school-related icons like a pencil, apple, and book. In the center, three diverse children are sitting together. A white speech bubble contains the text 'Is your child ready for back to school?' and 'Safe and effective vaccines are available and required for school to offer the best protection!'. Below this is a QR code on a smartphone graphic with the text 'SCAN ME' and 'Find out which vaccinations that your child may be missing!'. At the bottom, a green banner reads 'BACK TO SCHOOL' and 'Contact your child's healthcare provider today to schedule a back to school physical and get up to date on vaccines!'. The Kentucky Public Health logo is in the bottom right.

Get ready for the new school year!

Add vaccines to your child's back to school list.

SCAN ME

Find out which vaccinations that your child may be missing!

Now is a great time to schedule your child's yearly checkup and make sure all vaccinations are up to date!

Kentucky Public Health

This graphic features a white background with school-related icons like a book, football, and clock. A group of diverse children is smiling. A blue banner at the top reads 'Get ready for the new school year!' and 'Add vaccines to your child's back to school list.'. Below this is a QR code on a smartphone graphic with the text 'SCAN ME' and 'Find out which vaccinations that your child may be missing!'. At the bottom, a dark blue banner reads 'Now is a great time to schedule your child's yearly checkup and make sure all vaccinations are up to date!'. The Kentucky Public Health logo is in the bottom left.

Back to School Outreach Toolkit Kindergarten & 6th Grade

IS YOUR CHILD READY TO START KINDERGARTEN?
Contact your child's healthcare provider to schedule a back to school physical and get up to date on vaccines!

SCAN ME
Find out vaccinations that your child may need!
Schedule an appointment today!

KINDERGARTEN
For Enrollment, a child needs to be up to date on the following vaccines:

<input checked="" type="checkbox"/> DTaP	<input checked="" type="checkbox"/> Varicella	<input checked="" type="checkbox"/> PCV
<input checked="" type="checkbox"/> MMR	<input checked="" type="checkbox"/> Hep A	<input checked="" type="checkbox"/> Hib
<input checked="" type="checkbox"/> Polio	<input checked="" type="checkbox"/> Hep B	

Kentucky Public Health **BACK TO SCHOOL**

IS YOUR CHILD READY TO START 6TH GRADE?
Take action today to make sure your child is up to date on vaccinations required for school!

SCAN ME
Find out vaccinations that your child may need!
Schedule an appointment with your child's healthcare provider today!

BACK TO SCHOOL
6TH GRADE
Child needs to be up to date on vaccines and receive the following at age 11:

- Meningitis (MenACWY)
- Tdap
- School Physical
- HPV vaccine too!

Kentucky Public Health
Prevent. Promote. Protect.
School Health

Back to School Outreach Toolkit - High School



Is your child ready for back to school?

Safe and effective vaccines are available and required for school to offer the best protection!

SCAN ME

Find out which vaccinations that your child may be missing!

BACK TO SCHOOL

Contact your child's healthcare provider today to schedule a back to school physical and get up to date on vaccines!

Kentucky Public Health

This panel features a young man with dreadlocks in a blue polo shirt giving a thumbs up. The background is dark blue with faint school-related icons like a pencil, globe, and book. A speech bubble contains the main question and a note about vaccine safety. A QR code is presented as a smartphone screen with the text 'SCAN ME' and 'Find out which vaccinations that your child may be missing!'. A large blue banner at the bottom says 'BACK TO SCHOOL' and 'Contact your child's healthcare provider today to schedule a back to school physical and get up to date on vaccines!'. The Kentucky Public Health logo is in the bottom right.



IS YOUR CHILD IN HIGH SCHOOL?

Make sure your child is up to date on vaccinations required for school! There is a booster that your child needs at age 16 to offer the best protection against bacterial meningitis.

SCAN ME

Find out vaccinations that your child may need!

Schedule an appointment with your child's healthcare provider today!

BACK TO SCHOOL

High School- Age 16

✓ Meningitis (MenACWY)
(2 doses are required for school)

Kentucky Public Health

This panel features two young men, one in a yellow shirt and one in a white shirt, both giving thumbs up. The background is green with faint school-related icons. A speech bubble contains the question 'IS YOUR CHILD IN HIGH SCHOOL?' and information about a booster at age 16. A QR code is presented as a smartphone screen with the text 'SCAN ME' and 'Find out vaccinations that your child may need!'. A dark blue box below the QR code says 'Schedule an appointment with your child's healthcare provider today!'. A white banner at the bottom says 'BACK TO SCHOOL' and 'High School- Age 16' with a checkmark icon and 'Meningitis (MenACWY) (2 doses are required for school)'. The Kentucky Public Health logo is in the bottom left.

Back to School Tool Kit for School Health Branch- Facebook & Twitter Captions

Facebook & Twitter Caption:

Is your child ready to start Kindergarten? **Routine childhood vaccinations** help protect your child from serious diseases, like chicken pox, hepatitis, measles and whooping cough and **are required for school**. Check with your child's healthcare provider or the Kentucky Immunization Public Portal @ **KYIR Public Portal**. For vaccinations and wellness checks that your child may need, visit: **Well-Child Visits and Recommended Vaccinations | CDC**
#KindergartenReady #VaccineProtected #TeamKentucky

Facebook & Twitter Caption:

Is your child in high school? **Routine vaccinations are required for school age children**. Not only does vaccinations offer needed protection to your child but also to your community. We all know that we need to schedule an appointment for routine vaccinations and a checkup before our child starts kindergarten and middle school, but did you know there is an important booster shot that your child may need in high school? **At age 16, your child needs a booster meningitis shot that will offer additional protection against bacterial meningitis when your child is more at risk. If your teen missed getting this booster dose, talk to their healthcare provider about getting it now!**
For Kentucky's immunization laws, visit: **Immunizations - Kentucky Department of Education**. For vaccinations and wellness checks that your child may need, visit: **Well-Child Visits and Recommended Vaccinations | CDC**
#SchoolReady #VaccineProtected #TeamKentucky

Facebook & Twitter Caption:

Is your child ready to start 6th grade? Routine childhood vaccinations are required for school and help protect your child from serious diseases, like bacterial meningitis and whooping cough. Check with your child's healthcare provider or the Kentucky Immunization Public Portal @ **KYIR Public Portal**. For Kentucky's immunization laws, visit: **Immunizations - Kentucky Department of Education**. For vaccinations and wellness checks that your child may need, visit: **Well-Child Visits and Recommended Vaccinations | CDC**
#MiddleSchoolReady #VaccineProtected #TeamKentucky

Caption for Facebook and Twitter:

Is your child ready for back to school? **Routine childhood vaccinations** help protect your child from serious diseases, like chicken pox, hepatitis, bacterial meningitis, measles and whooping cough and **are required for school**. Check with your child's healthcare provider or the Kentucky Immunization Public Portal @ **KYIR Public Portal**. For vaccinations and wellness checks that your child may need, visit: **Well-Child Visits and Recommended Vaccinations | CDC**
#SchoolReady #VaccineProtected #TeamKentucky

Sample Outreach Call Scripts

- 🛡️ Kindergarten
- 🛡️ 6th Grade/Age 11
- 🛡️ High School/Age 16
- 🛡️ Generic for any age/grade with missing records

These will be sample scripts that can be used to notify parents that their child is missing required immunizations/physical.

Summary of Immunization Requirements for Pre-K & Kindergarten Attendance

(Refer to [Kentucky 902 KAR 2:060](#) for details on exceptions and exemptions)

By Age:	A child is required to have the following immunizations/doses for attendance:	
3 & up to 4 years	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 4 doses
	IPV or OPV	✓ 3 doses
	Hib	✓ 3 or 4 doses (depending on type of vaccine), or ✓ 3 doses if 1 st dose given before 12 months and 2 nd dose given before 15 months, or ✓ 2 doses if 1 st dose given at 12-14 months, or ✓ 1 dose if 1 st dose was given after 15 months
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	PCV	✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1 st dose given at 7-11 months with at least 1 dose given at age 12 months or after, or ✓ 2 doses if 1 st dose given at age 12-23 months, or ✓ 1 dose if 1 st dose given after 24 months
	MMR	✓ 1 dose
	Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	4 & up to 5 years	DTaP or DTP
IPV or OPV		✓ 3 doses
Hib		✓ 3 or 4 doses (depending on type of vaccine), or ✓ 3 doses if 1 st dose given before 12 months and 2 nd dose given before 15 months, or ✓ 2 doses if 1 st dose given at 12-14 months, or ✓ 1 dose if 1 st dose was given after 15 months
Hepatitis B		✓ 3 doses (last dose must be given after the 6-month birthday)
Hepatitis A		✓ 2 doses (spaced at least 6 months apart)
PCV		✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1 st dose given at 7-11 months with at least 1 dose given at age 12 months or after, or ✓ 2 doses if 1 st dose given at age 12-23 months, or ✓ 1 dose if 1 st dose given after 24 months
MMR		✓ 2 doses
Varicella		✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
5 & 6 years		DTaP or DTP
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	Tdap	✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
11 & 12 years	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	Tdap	✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
16 years & Older	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after, or ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	Tdap	✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
5 & 6 years	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	MenACWY	✓ 1 dose

Summary of Immunization Requirements for School Attendance

(Refer to [Kentucky 902 KAR 2:060](#) for details on exceptions and exemptions)

By Age:	A child is required to have the following immunizations/doses for attendance:	
5 & 6 years	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
11 & 12 years	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	Tdap	✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
16 years & Older	DTaP or DTP	(DT may be used if contradiction to Pertussis) ✓ 5 doses, or ✓ 4 doses if 4th dose given at age 4 or older and at least 6 months after previous dose, or ✓ 2 doses (any combination of DTaP, DTP, DT or TD) with 1 dose Tdap or Td received after, or ✓ 2 doses of Td after the dose of Tdap may take the place of DTaP vaccines
	IPV or OPV	✓ 4 doses with 4th dose given at age 4 or after and at least 6 months after previous dose (if 4 or more doses was given before age 4, will still need an additional dose at age 4 or after and at least 6 months from previous dose), or ✓ 3 doses if 3rd dose was given at age 4 or after and at least 6 months from previous dose
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday), or ✓ 2 doses of Adult Hep B given after age 11
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	MMR	✓ 2 doses
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)
	Tdap	✓ 1 dose (Td may be used if contraindication to Pertussis vaccine)
MenACWY	✓ 2 doses, or ✓ 1 dose if received at age 16 or older	



*NOTE: Refer to [Kentucky 902 KAR 2:060](#) for ages 7-10 and 13-15 for required regulations.

Kentucky Immunization Requirements for Childcare/Preschool Children

(According to 902 KAR 2:060)

Immunizations shall be received in accordance with the minimum ages and intervals between doses recommended by the ACIP

Age 3 months	Age 5 months	Age 7 months	Age 12 months	Age 16 months	Age 19 months	Age 4 years	Age 5 years
<u>DTaP</u> 1 dose	<u>DTaP</u> 2 doses	<u>DTaP</u> 3 doses	<u>DTaP</u> 3 doses	<u>DTaP</u> 4 doses	<u>DTaP</u> 4 doses	<u>DTaP</u> 4 doses	<u>DTaP</u> 5 doses ⁵
<u>Polio (IPV)</u> 1 dose	<u>Polio (IPV)</u> 2 doses	<u>Polio (IPV)</u> 2 doses	<u>Polio (IPV)</u> 2 doses	<u>Polio (IPV)</u> 2 doses	<u>Polio (IPV)</u> 3 doses	<u>Polio (IPV)</u> 3 doses	<u>Polio (IPV)</u> 4 doses ⁶
<u>Hib</u> 1 dose	<u>Hib</u> 2 doses	<u>Hib</u> 2 doses	<u>Hib</u> 3 doses ³	<u>Hib</u> 4 doses ⁴	<u>Hib</u> 4 doses ⁴	<u>Hib</u> 4 doses ⁴	<u>Hib</u> No requirement
<u>Hep B</u> 1 dose	<u>Hep B</u> 2 doses	<u>Hep B</u> 2 doses	<u>Hep B</u> 2 doses	<u>Hep B</u> 2 doses	<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses
<u>Pneumococcal (PCV)</u> 1 dose	<u>Pneumococcal (PCV)</u> 2 doses	<u>Pneumococcal (PCV)</u> 3 doses ¹	<u>Pneumococcal (PCV)</u> 4 doses ²	<u>Pneumococcal (PCV)</u> 4 doses ²	<u>Pneumococcal (PCV)</u> 4 doses ²	<u>Pneumococcal (PCV)</u> 4 doses ²	<u>Pneumococcal (PCV)</u> No requirement
			<u>Hep A</u> 1 dose	<u>Hep A</u> 1 dose	<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses
				<u>MMR</u> 1 dose	<u>MMR</u> 1 dose	<u>MMR</u> 2 doses	<u>MMR</u> 2 doses
				<u>Varicella</u> ⁷ 1 dose	<u>Varicella</u> ⁷ 1 dose	<u>Varicella</u> ⁷ 2 doses	<u>Varicella</u> ⁷ 2 doses

Footnotes:

- 2 doses of PCV if the 1st dose was given at age 7-11 months
- 3 doses of PCV if the 1st dose was given at age 7-11 months with at least 1 dose given at age 12-59 months; 2 doses of PCV if the 1st dose was given at age 12-23 months; or 1 dose of PCV if the first dose was given at age 24-59 months
- 2 doses of Hib if the 1st dose was given at age 7-11 months; 1 dose of Hib if 1st dose given at age 12-15 months, 3rd dose may be omitted depending on brand used
- 3 doses of Hib if 1st dose was given before age 12 months and the 2nd dose was given younger than age 15 months; 2 doses of Hib if the 1st dose was given at age 12-14 months; or 1 dose of Hib if the 1st dose was given at age 15-59 months; 3 or 4 doses depending on brand used; Not required at age 5 years and older
- 4 doses of DTaP if the 4th dose was given at age 4 years or older and at least 6 months after the previous dose
- 4 or more doses of IPV received before age 4 years and an additional dose received at 4-6 years and at least 6 months after the previous dose; 3 doses of IPV if 3rd dose was given at age 4 years or older and at least 6 months after the previous dose
- No doses needed if verified history of varicella immunity (non-vaccine) by a healthcare provider

Scan QR Codes for more information regarding:



Exceptions and Exemptions in Section 3 of 902 KAR 2:060



ACIP guidance on minimum age and dose interval recommendations

Revised 03/2023



Kentucky Public Health

Kentucky Immunization Requirements for School-Age Children

(According to 902 KAR 2:060)

Immunizations shall be received in accordance with the minimum ages and intervals between doses recommended by the ACIP

Preschool 3 years	Preschool 4 years	Kindergarten 5 years	6 th Grade Entry 11-12 years	High School 16 years & older
<u>DTaP</u> 4 doses	<u>DTaP¹</u> 4 or 5 doses	<u>DTaP¹</u> 4 or 5 doses	<u>*History of DTaP¹</u> 4 or 5 doses before age 7	<u>*History of DTaP¹</u> 4 or 5 doses before age 7
<u>Polio (IPV)</u> 3 doses	<u>Polio (IPV)²</u> 3 or 4 doses	<u>Polio (IPV)²</u> 3 or 4 doses	<u>Polio (IPV)²</u> 3 or 4 doses	<u>Polio (IPV)²</u> 3 or 4 doses
<u>MMR</u> 1 dose	<u>MMR</u> 2 doses	<u>MMR</u> 2 doses	<u>MMR</u> 2 doses	<u>MMR</u> 2 doses
<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses	<u>Hep A</u> 2 doses
<u>Hib³</u> 3 or 4 doses	<u>Hib³</u> 3 or 4 doses	<u>Hib³</u> No requirement	<u>Varicella⁵</u> 2 doses	<u>Varicella⁵</u> 2 doses
<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses	<u>Hep B⁴</u> 2 or 3 doses	<u>Hep B⁴</u> 2 or 3 doses
<u>Varicella⁵</u> 1 dose	<u>Varicella⁵</u> 2 doses	<u>Varicella⁵</u> 2 doses	<u>Tdap</u> 1 dose	<u>Tdap</u> 1 dose
<u>Pneumococcal (PCV)⁶</u> 4 doses	<u>Pneumococcal (PCV)⁶</u> 4 doses	<u>Pneumococcal (PCV)⁶</u> No requirement	<u>Meningococcal (MenACWY)</u> 1 dose	<u>Meningococcal (MenACWY)⁷</u> 1 or 2 doses

Footnotes:

- DTaP**- Routine schedule includes 5th dose at 4-6 years old; Fifth dose not needed if dose #4 given after 4th birthday **and** 6 months from last dose
- *DTaP Note**-Children may have the following in place of 4 or 5 doses of DTaP
 - After age 7: May have Tdap followed by 2 doses of Td or Tdap or a combination of the 2 vaccines; If given at ages 7-9, the routine Tdap dose at age 11-12 years should be given. If Tdap given at 10 years, no additional dose needed at 11-12 years.
- Polio**- Fourth dose not needed if dose #3 given after 4th birthday **and** 6 months from last dose, must have 1 dose at or after age 4 and at least 6 months from last dose
- Hib**- Not required after age 5; (3 or 4 dose routine series depends on brands used)
 - 3 doses if 1st dose given before 12 months and 2nd dose given before 15 months
 - 2 doses if 1st dose given at 12-14 months
 - 1 dose if 1st dose is given after 15 months
- Hep B**- Alternative schedule for 11-15 years old- 2 doses of adult Hep B
- Varicella**- No doses needed if history of **diagnosed** chicken pox from healthcare provider
- Pneumococcal**- 4 doses for routine schedule
 - 3 doses if 1st dose given at 7-11 months, with at least 1 dose given at 12-59 months
 - 2 doses if 1st dose given at 12-23 months
 - 1 dose if 1st dose is given between 24-59 month
- Meningococcal (MenACWY)**- Routine schedule is 1 dose at 11-12 years and 1 dose at 16 years
 - 1 dose if 1st dose given at age 16 years or older
 - 2 doses if 1st dose given between 11 years and before 16th birthday

Scan QR Codes for more information regarding:



Exceptions and Exemptions in Section 3 of 902 KAR 2:060



ACIP guidance on minimum age and dose interval recommendations

Revised 04/2023



Printable Stickers



Additional Resources (Links on the Landing Page)

KDPH

- [Commonwealth of KY Certificate of Immunization Status](#)
- [Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations](#)
- [Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations SPANISH](#)
- [Notice of Noncompliance for Immunizations](#)
- [Relevant KRS/KAR: Including Summaries](#)
- [Notice of Incomplete Health Requirements](#)
- [Immunization Action Coalition \(IAC\): Vaccine Information for Health Care Professionals \(immunize.org\)](#)
- [Health | Immunize Kentucky Coalition \(immunizeky.org\)](#)

Additional Resources (Links on the Landing Page)

CDC

- [Vaccine Information Statements \(VISs\) | CDC](#)
- [Immunization Schedules for Healthcare Professionals | CDC](#)
- [U.S. Vaccine Names | CDC](#)
- [ACIP Vaccine Recommendations | CDC](#)
- [Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)

Pink Book Webinar Series

- 🛡️ For anyone that provides immunizations or would like more information on vaccine preventable diseases
- 🛡️ Continuing Education available for each event
- 🛡️ More than 15 webinars available

For more information and to see webinars available, visit:

[Vaccines Pink Book Webinar Series | CDC](#)



To visit the Pink Book: Course Textbook: [Pinkbook Course Book: Epidemiology of Vaccine Preventable Diseases | CDC](#)



Let's Vaccinate Course

MCH KY School Health Let's Vaccinate #1108722

[MCH KY School Health Let's Vaccinate 1108722 - Kentucky TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation](#)

- Describes infection control measures, vaccine administration best practices and the importance of immunizing pediatric patients against VPDs.
- Continuing Education: 1.2 Nursing Contact Hours
- [Let's Vaccinate PP Presentation](#)
- [Let's Vaccinate Skills Competency Check-Off List](#)

Key Points

- 🛡️ Back to School Outreach Tool-Kit
- 🛡️ Accurately completing Immunization Certificates is a Kentucky Requirement
- 🛡️ Refer parents to the Public Portal for Vaccination Status
- 🛡️ Encourage use of the printable stickers
- 🛡️ Kentucky immunization rates needs improving to protect our children

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[Department for Public Health - Cabinet for Health and Family Services \(ky.gov\)](#)



[Immunization Outreach - Cabinet for Health and Family Services \(ky.gov\)](#)





QUESTIONS

Thank you!

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