

Early Childhood Vaccination Pediatric Immunization Certificates & Review Process

Crystal Back, RN, Pediatric Immunization Nurse Coordinator
Tara Pendygraft, MPH, Education and Outreach Coordinator

August 2024



Kentucky Department for Public Health

Mission and Vision in Action

Healthier People,
Healthier Communities.

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.



- Diabetes Prevention
- Disease Surveillance
- Environmental Inspections
- HANDS



- Immunizations
- KEIS
- Mobile Harm Reduction
- Newborn Screening

- Prescription Assistance
- Public Health Disaster Preparedness
- Smoking Cessation
- WIC

Focus Areas

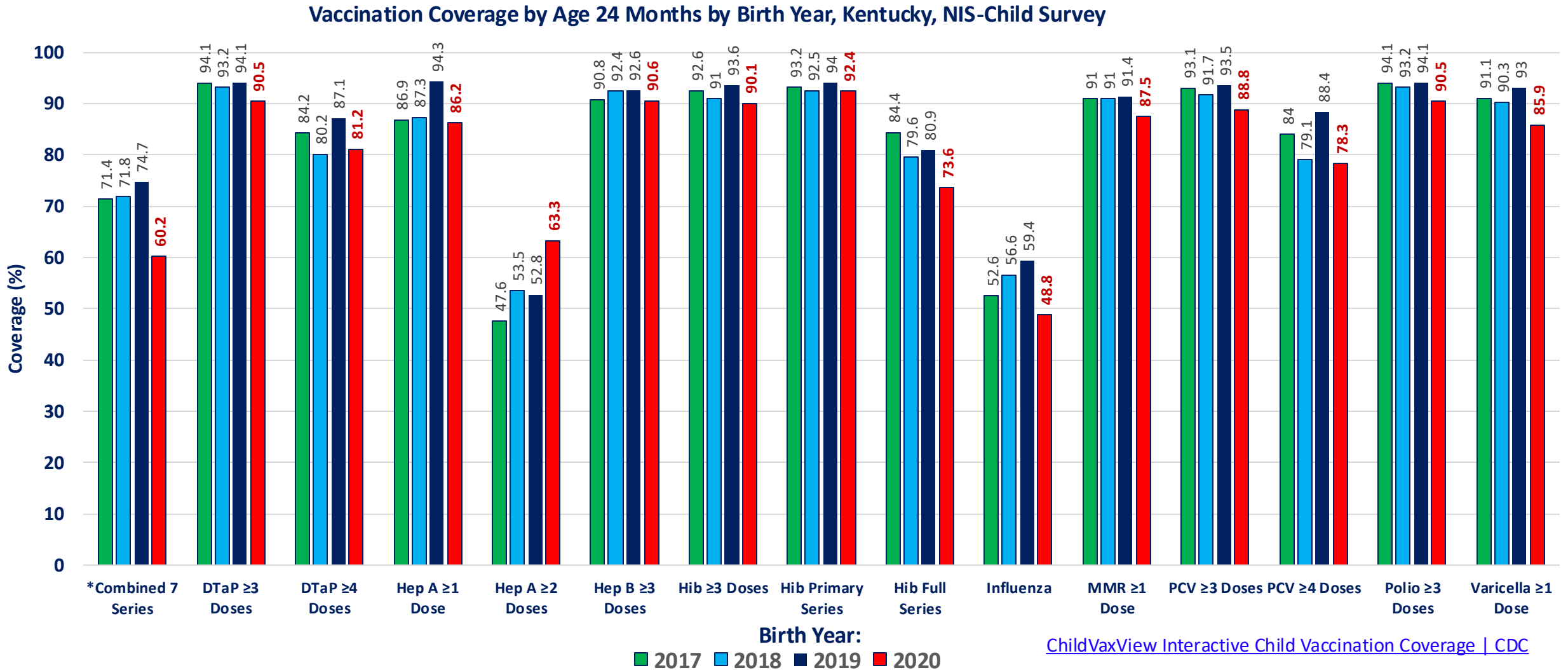
Childhood Vaccines	Strategies	Best Practices
<ul style="list-style-type: none">➔ National Immunization Survey (NIS)-Child and Kentucky Vaccination Coverage➔ Evaluating certificate of immunization status➔ Monitoring child vaccination status➔ Facility compliance monitoring	<ul style="list-style-type: none">➔ Early Childhood Vaccine Toolkit: Child Care and Beyond➔ Improve understanding of state regulations➔ Improve understanding of ACIP vaccine recommendations	<ul style="list-style-type: none">➔ Pediatric immunization certificates➔ Immunization review process

National Immunization Survey (NIS)-Child Survey

-  The NIS-Child Survey conducted by the CDC's National Center for Immunization and Respiratory Diseases (NCIRD):
 - Telephone survey on child's immunization history with parent/guardian
 - » Consent received to verify immunization history with child's healthcare providers
 - Mail survey to vaccination providers
-  Vaccination Coverage by age 24 months
 - The newest data showing national, regional and state vaccination coverage rates for children is available in the latest [MMWR](#) and [ChildVaxView](#)

Kentucky Vaccination Coverage

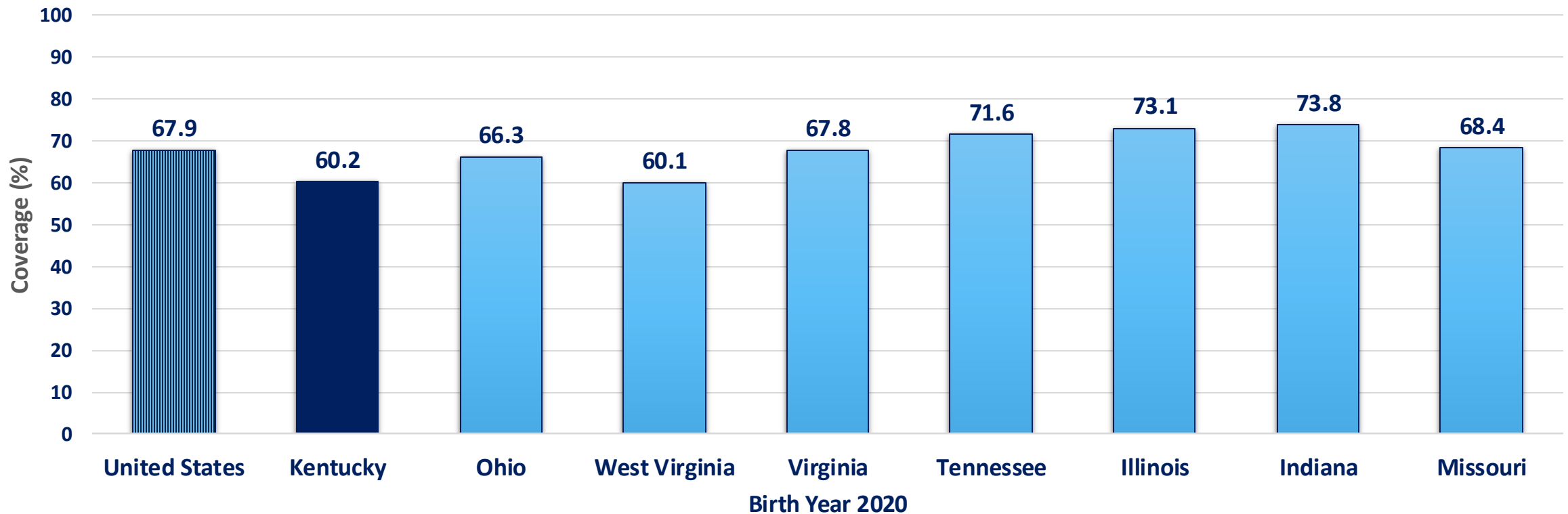
by Age 24 Months, NIS-Child Survey (Birth Year 2020)



Kentucky, US & Surrounding States Vaccination Coverage

*Combined 7 Series, by Age 24 Months, NIS-Child Survey (Birth Year 2020)

*Combined 7 Series Vaccination Coverage by Age 24 Months, NIS-Child Survey



*Combined 7 Series= DTaP & PCV ≥4 Doses, Hep B & Polio ≥3 Doses, MMR & Varicella ≥1 Dose, Hib 3 or 4 doses (depending on vaccine)

[ChildVaxView Interactive Child Vaccination Coverage | CDC](#)

Vaccines Recommended in Early Childhood

- Respiratory syncytial virus (RSV)
- Hepatitis B (HepB)
- Rotavirus (RV)
- Diphtheria, tetanus & acellular pertussis (DTaP)
- Hemophilus Influenzae type B* (Hib)
- Pneumococcal conjugate (PCV)
- Inactivated poliovirus (IPV)
- COVID-19
- Influenza
- Measles, mumps, rubella (MMR)
- Varicella (VAR)
- Hepatitis A (HepA)

RSV Immunization

RSV = **R**espiratory **S**yncytial **V**irus

May also see: RSV-mAb, Nirsevimab or Beyfortus when referring to RSV immunization for infants



RSV immunization recommended:

- » All infants less than 8 months old born during or entering their 1st RSV season
 - Recommended within 1 week after birth if born during RSV season
 - Most infants whose mothers got the RSV vaccine will not need this dose for immunization
- » Children 8-19 months old who are high risk

HepB Vaccine

HepB = **H**epatitis **B**

HBV= **H**epatitis **B** **V**irus

- 🛡️ HepB vaccine recommended:
 - » All infants
 - » All children and adolescents who have not been vaccinated
- 🛡️ Hepatitis B vaccine is usually given as 3 or 4 shots for children/adolescents
- 🛡️ Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6–18 months of age.

The birth dose of hepatitis B vaccine is an important part of preventing long-term illness in infants and the spread of hepatitis B in the United States.

RV Vaccine

RV = **R**otavirus

- 🛡️ Rotavirus vaccine recommended:
 - » RotaTeq[®] (RV5) is given in 3 doses at ages 2 months, 4 months, and 6 months
 - » Rotarix[®] (RV1) is given in 2 doses at ages 2 months and 4 months

- 🛡️ The first dose of either vaccine should be given before a child is 15 weeks of age. Children should receive all doses of rotavirus vaccine before they turn 8 months old.

- 🛡️ Both vaccines are given by putting drops in the child's mouth.

DTaP & Tdap Vaccine

DTaP = **D**iphtheria, **T**etanus (lockjaw) and **a**cellular **P**ertussis (whooping cough)

Tdap/Td = **T**etanus (lockjaw), **d**iphtheria and **a**cellular **p**ertussis (whooping cough)/**T**etanus (lockjaw), **d**iphtheria

Babies and children younger than 7 years old receive DTaP, while older children and adults receive Tdap and Td.

 DTaP vaccine recommended:

- » It is recommended that children receive 5 doses of DTaP, usually at the following ages:
 - 2 months, 4 months, 6 months, 15–18 months and 4–6 years

 Tdap vaccine recommended:

- » Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years

[Diphtheria-Tetanus-Pertussis Vaccine Information Statement | CDC](#) & [Vaccine Information Statement | Tdap | Tetanus-Diphtheria-Pertussis | VIS | CDC](#)

Hib Vaccine

Hib = *Haemophilus Influenzae* type B

- 🛡️ Hib vaccine recommended:
 - » All children before age 5 years old
 - Usually given in 3 or 4 doses (depending on brand)
 - Infants usually get their first dose at 2 months of age and usually complete the series at 12–15 months of age
 - Children between 12 months and 5 years of age who have not previously been completely vaccinated against Hib may need 1 or more doses

[Hib Vaccination | CDC](#) & [Vaccine Information Statement | Hib | Haemophilus Influenzae Type b | CDC](#)

PCV Vaccine

PCV = **P**neumococcal **C**onjugate **V**accines

- 🛡️ PCV vaccine recommended:
 - » All children before age 5 years old
 - » Infants and young children usually need 4 doses
 - Recommended at 2, 4, 6 and 12–15 months of age

IPV Vaccine

IPV = Inactivated **P**olio **V**irus

- 🛡️ IPV vaccine recommended:
 - » 4 doses for routine vaccination in all children
 - 2 months, 4 months, 6-18 months and 4-6 years

COVID-19 Vaccine

COVID-19 = **COVID-19**

-  COVID-19 vaccine recommended:
- » All children and adolescents 6 months of age and older
 - One or more doses of updated COVID-19 2023-2024 vaccine formula

[Recommended updated \(2023-2024\) Formula Covid-19 vaccines for people who are NOT moderately or severely immunocompromised-October 12, 2023 \(cdc.gov\)](#)

Influenza Vaccine

Influenza = **Influenza** (flu)

- 🛡️ Influenza vaccine recommended every flu season:
 - » All children and adolescents aged 6 months and older
 - Children 6 months through 8 years of age who have never received the flu vaccine may need 2 doses
 - Everyone else needs only 1 dose each flu season

MMR Vaccine

MMR = **M**easles (10-day measles), **M**umps and **R**ubella (German or 3-day measles)

- 🛡️ MMR vaccine recommended:
 - » All children and adolescents need 2 doses
 - The first dose at 12-15 months old
 - The second dose at 4-6 years old

VAR Vaccine

VAR = **Var**icella (chickenpox)




VAR vaccine recommended:

- » All children and adolescents need 2 doses
 - The first dose at 12-15 months old
 - The second dose at 4-6 years old

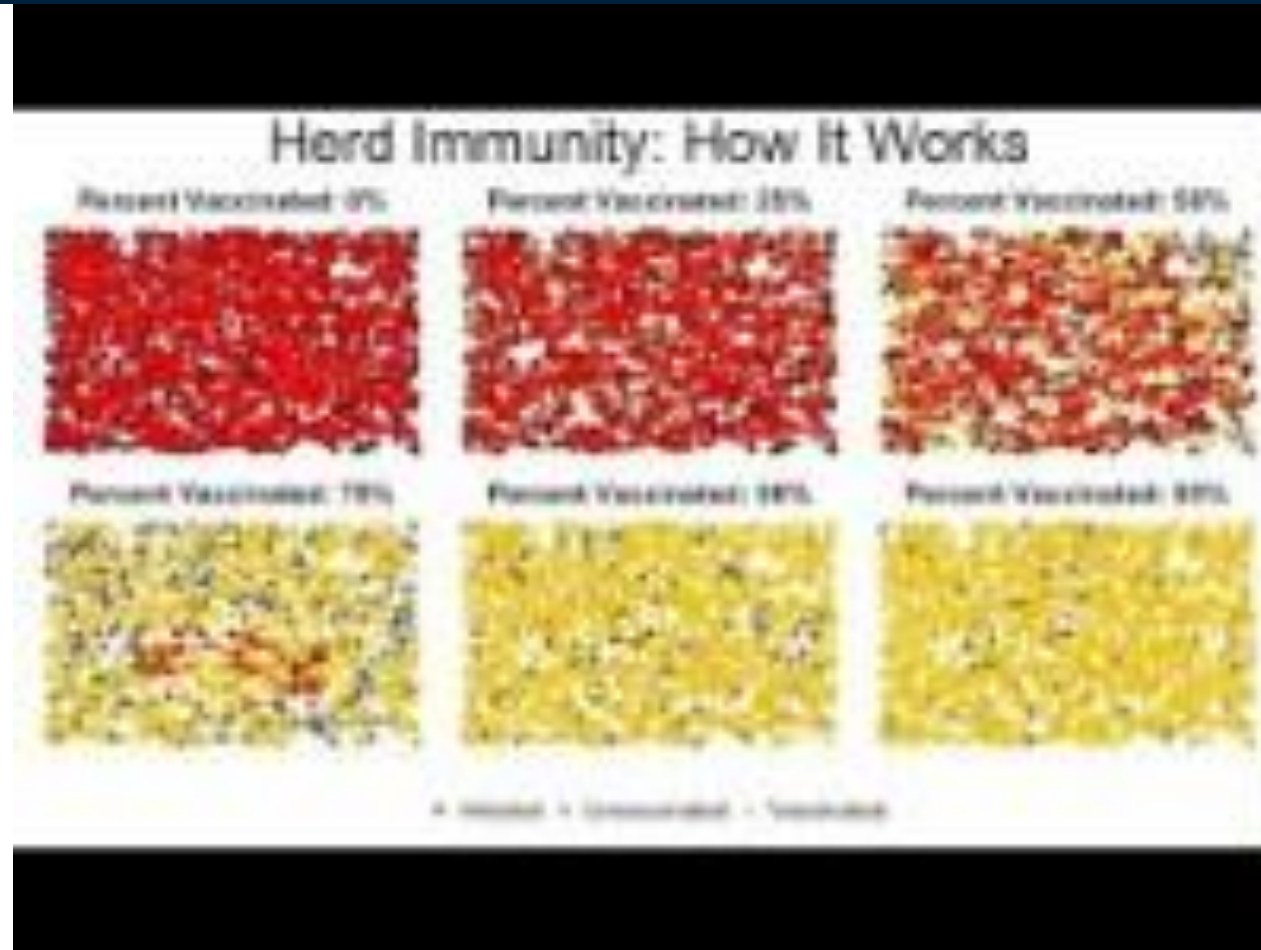
HepA Vaccine

HepA = **H**epatitis **A**

HAV = **H**epatitis **A** **V**irus

-  HepA vaccine recommended:
- » All children and adolescents need 2 doses
 - First dose at 12-23 months old
 - Second dose at least 6 months after the first dose

Herd Immunity: How it Works



Video clip available at: https://youtu.be/mUY3liOKx28?si=KAEvB3_FMTM6i2P7

Talking with Parents about Vaccines for Infants

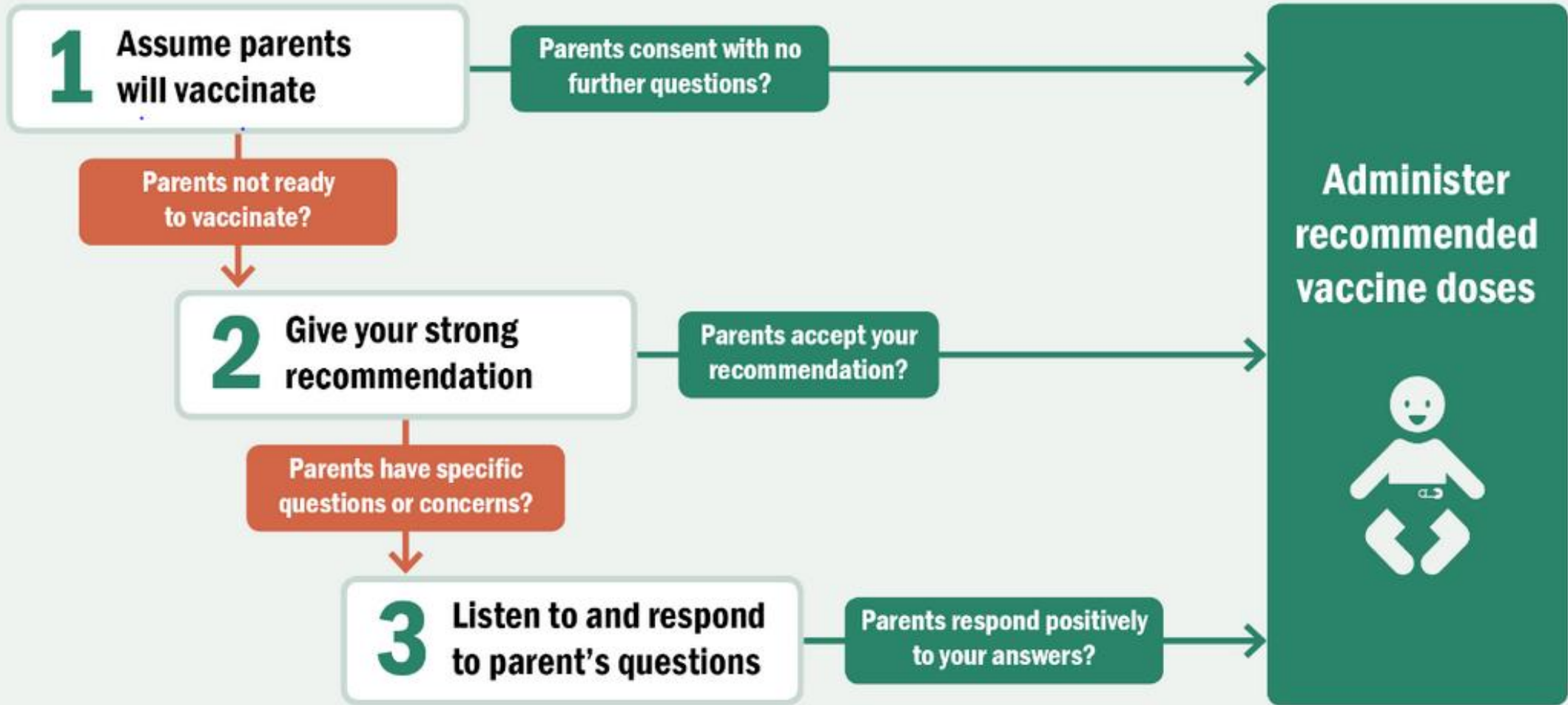



Image Source: <https://www.cdc.gov/vaccines/pubs/pinkbook/vac-admin.html>

Kentucky Certificate of Immunization Status

(from KYIR)



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

Name of Parent: SIMPSON MARGE

Address: 123 MAIN ST SPRINGFIELD IL 62629

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis B	04/05/2007	06/15/2007	08/18/2007	10/23/2007	
Alt. Adult Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP/DTpP/DT	06/15/2007	08/18/2007	10/23/2007	07/07/2008	04/15/2011
Hib	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, DTpP, or DT. (3) Hib not required at 5 years of age or more.

This child is current for immunizations until 04/19/2028, (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)

(CURRENT)



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

Name of Parent: SIMPSON MARGE

Address: 123 MAIN ST SPRINGFIELD IL 62629

VACCINE	DOSE 1	DOSE 2	DOSE 3	DOSE 4	DOSE 5
	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Hepatitis B	01/06/2018	03/10/2018	05/15/2018	07/23/2018	
Alt. Adult Hepatitis B	___/___/___	___/___/___	___/___/___	___/___/___	___/___/___
DTaP/DTpP/DT	03/10/2018	05/15/2018	07/23/2018	03/06/2019	01/16/2022
Hib	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 checked="" type="checkbox"/> No <input 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, DTpP, 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)

(EXPIRED)

Images created and provided by KYIR staff as examples.

Immunization Certificates

EPID-230

- COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

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

Image Source: [CertificateofImmunizationStatus.pdf \(ky.gov\)](https://www.ky.gov/certificateofimmunizationstatus.pdf)

Blank EPID230 Kentucky Certificate of Immunization Status



Scan QR code:



Or visit:

<https://www.chfs.ky.gov/agencies/dph/dehp/imm/EPID230.pdf>

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	/ /	/ /	/ /	/ /	/ /
AT: Adult Hepatitis B*	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT	/ /	/ /	/ /	/ /	/ /
Hib*	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /	/ /	/ /	/ /
Varicella	/ /	/ /	/ /	/ /	/ /
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.

Religious Exemption Parent Instructions



Scan QR code:



Or visit:

https://chfs.ky.gov/agencies/dph/dehp/Documents/ReligiousDeclination_Instructions_2024.pdf



Kentucky Public Health
Prevent. Promote. Protect.

Instructions for Completing the Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (EPID-230A)

1. Obtain a copy of your child's immunization certificate EPID-230 *Commonwealth of Kentucky Certificate of Immunization Status (Rev 01/2017)* from your local health department or your child's medical provider.
 - All the immunizations your child has ever received must be listed on your child's immunization certificate.
 - "Religious Objection" must be checked at the bottom of your child's immunization certificate.
2. Obtain a copy of the EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)* form available at: the [immunization Branch - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov/immunization-branch) website or from your local health department.
3. Complete the top portion of the EPID-230A form, place an "X" in the box(es) to the left of each disease for which you object to your child receiving an immunization and initial and date in the box(es) to the right of each disease objected.
4. Initial after the statement, "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."
5. Provide your child's full legal Last Name, First Name, and Middle Name and your child's Date of Birth using the format of MM/DD/YYYY on the lines provided.
6. Parent/legal guardian take unsigned form and legal ID to Notary Public (*visit your local library*)
 - Sign form in front of the notary public.
7. Only when the Notary Public signs and dates, will you have a current and valid EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)*.
8. The current and valid EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)* must be presented with an EPID-230 *Commonwealth of Kentucky Certificate of Immunization Status (Rev 01/2017)* to satisfy the immunization certificate requirement.

Our Mission: To improve the health and safety of people in Kentucky through Prevention, Promotion, and Protection

Our Vision: Healthier People, Healthier Communities.

Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty

Revised 02/2024



Religious Exemption Blank EPID-230A form



Instructions & Form

Scan QR code:



Or visit:

<https://www.chfs.ky.gov/agencies/dph/dehp/imm/EPID230a.pdf>

Commonwealth of Kentucky

Parent or Guardian's Declaration 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

Requirement for ages 3 months up to 5 months

Current age is 3 months up to 5 months old

Vaccines	# Required Doses
DTaP or DTP	✓ 1 dose
IPV or OPV	✓ 1 dose
Hib	✓ 1 dose
Hepatitis B	✓ 1 dose
PCV	✓ 1 dose

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

Kentucky 902 KAR 2:060

Requirement for ages 5 months up to 7 months

Current age is 5 months up to 7 months old

Vaccines	# Required Doses
DTaP or DTP	✓ 2 doses
IPV or OPV	✓ 2 doses
Hib	✓ 2 doses
Hepatitis B	✓ 2 doses
PCV	✓ 2 doses

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

Kentucky 902 KAR 2:060

Requirement for ages 7 months up to 12 months

Current age is 7 months up to 12 months old

Vaccines	# Required Doses
DTaP or DTP	✓ 3 doses
IPV or OPV	✓ 2 doses
Hib	✓ 2 doses
Hepatitis B	✓ 2 doses
PCV	✓ 3 doses, or ✓ 2 doses if 1 st dose given at 7-11 months

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

Kentucky 902 KAR 2:060

Requirement for ages 12 months up to 16 months

Current age is 12 months up to 16 months old

Vaccines	# Required Doses
DTaP, DTP or DT	✓ 3 doses
IPV or OPV	✓ 2 doses
Hib	✓ 3 doses, or ✓ 2 doses if 1 st dose given at 7-11 months, or ✓ 1 dose if 1 st dose given at 12 months or after
Hepatitis A	✓ 1 dose
Hepatitis B	✓ 2 doses
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 months or after

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

Kentucky 902 KAR 2:060

Requirement for ages 16 months up to 19 months

Current age is 16 months up to 19 months old

Vaccines	# Required Doses
DTaP, DTP or DT	✓ 4 doses
IPV or OPV	✓ 2 doses
Hib	✓ 3 or 4 doses (depending on type of vaccine used), 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 was given at 12-14 months, or ✓ 1 dose if 1 st dose was given at 15 months or after
Hepatitis A	✓ 1 dose
Hepatitis B	✓ 2 doses
PCV	✓ 4 doses with 1 dose given at 12-18 months, or ✓ 3 doses if 1 st dose was given at 7-11 months, with at least 1 dose given at 12-18 months, or ✓ 2 doses if 1 st dose was given at 12 months or after
MMR	✓ 1 dose
Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)

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

Kentucky 902 KAR 2:060

Requirement for ages 19 months up to 4 years

Current age is 19 months up to 4 years old

Vaccines	# Required Doses
DTaP, DTP or DT	✓ 4 doses
IPV or OPV	✓ 3 doses
Hib	✓ 3 or 4 doses (depending on type of vaccine used, 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 was given at 12-14 months, or ✓ 1 dose if 1 st dose was given at 15 months or after
Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
PCV	✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1 st dose was given at 7-11 months, with at least 1 dose given at 12 months or after, or ✓ 2 doses if 1 st dose was given at 12-23 months, or ✓ 1 dose if 1 st dose given at 24 months or after
MMR	✓ 1 dose
Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)

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

Kentucky 902 KAR 2:060

Requirement for ages 4 years up to 5 years

Current age is 4 years up to 5 years old

Vaccines	# Required Doses
DTaP, DTP or DT	✓ 4 doses
IPV or OPV	✓ 3 doses
Hib	✓ 3 or 4 doses (depending on type of vaccine used, 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 was given at 12-14 months, or ✓ 1 dose if 1 st dose was given after 15 months
Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
PCV	✓ 4 doses with 1 dose given at 12-15 months, or ✓ 3 doses if 1 st dose was given at 7-11 months, with at least 1 dose given at age 12 months or after, or ✓ 2 doses if 1 st dose was given at 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)

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

KRS/KAR: Child Care Immunization Related



[902 KAR 2:060 Immunization Schedules](#)

- » For attending child day care centers, certified family child care homes, other licensed facilities that care for children, preschool programs, and public and private primary and secondary schools.



[KRS 214.034 Immunization of children -- Testing and treatment of children for reception and retention of current immunization certificate by schools and child-care facilities](#)

- » For each child cared for in a day-care center, certified family child-care home, or any other licensed facility which cares for children, a current immunization certificate, as provided by administrative regulation of the Cabinet for Health and Family Services, promulgated under KRS Chapter 13A, shall be on file in the center, home, or facility ***within thirty (30) days of entrance into the program or admission to the facility.***



[KRS 214.020 Cabinet to adopt administrative regulations and take other action to prevent spread of disease](#)

- » When the Cabinet for Health and Family Services determines that an infectious or contagious disease will invade this state, it shall take necessary action and promulgate administrative regulations under KRS Chapter 13A to ***prevent the introduction or spread of such infectious*** or contagious disease or diseases within this state.



KRS/KAR: Licensure & License Requirements

[922 KAR 2:090 Child-Care Licensure](#)

- » A regular license shall expire one (1) year from the effective date or last renewal date unless the licensee renews the regular license in accordance with this section and KRS.199.896(3)

[KRS 199.896 License Requirements](#)

- » No person, association, or organization shall conduct, operate, maintain, or advertise any child-care center without obtaining a license as provided in KRS 199.892 to 199.896
- » Regular licenses and renewals thereof shall expire one (1) year from their effective date
- » If, upon inspection or investigation, the investigation, the inspector general finds that a child care center licensed under this section has violated the administrative regulations, standards, or requirements of the cabinet, the inspector general shall issue a statement of deficiency to the center
- » All inspections of licensed and unlicensed child care centers by the Cabinet for Health and Family Services shall be unannounced



Exceptions to the Requirements



[KRS 214.036 Exceptions to Testing or Immunization Requirement](#)

» Nothing 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 or her attending healthcare provider, such testing or immunization would be injurious to the child's health.
- The immunization of any child whose parents or guardian are opposed to medical immunization against disease, and who object by a written sworn statement to the immunization of such child based on religious grounds.
- In the event of an epidemic in a given area, the Cabinet for Health and Family Services may require the immunization of all persons within the area of the epidemic against the disease responsible for such epidemic requiring such immunization shall not include the immunization of any child whose parents or guardians are opposed to medical immunization against disease and who object by a written sworn statement to the immunization based on religious grounds or conscientiously held belief



[KRS 212.245 Powers of Local Health Departments](#)

» Except as otherwise provided by law, do all other things reasonably necessary to protect and improve the health of the people



ACIP Recommended Vaccines

Includes all the Kentucky required vaccines as in 902 KAR 2:060 *and* recommends the following during early childhood:

- 🛡️ RSV Immunization - all infants younger than 8 months born shortly before or during their first RSV season*
- 🛡️ Influenza (annual vaccination) ages 6 months and older
- 🛡️ COVID-19 (complete series) ages 6 months and older



For more information on ACIP recommended vaccines, scan QR code or visit:

[Birth-18 Years Immunization Schedule – Healthcare Providers | CDC](#)

*[Frequently Asked Questions About RSV Immunization for Children 19 Months and Younger | CDC](#)

Monitoring Vaccination Status

- 🛡️ Upon enrollment to:
 - Child day care centers
 - Certified family child care homes
 - Licensed facilities which care for children
 - Preschool programs
 - Public and private primary and secondary schools

- 🛡️ Upon legal name change

<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>



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

<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>

Child Care Facility Compliance

-  Commonwealth of Kentucky Certificate of Immunization Status or an Out-of-State Certificate of Immunization Status are **required**:
 - On file
 - Available upon request and for inspection and review at any time by a:
 - » Representative of the Cabinet for Health and Family Services
 - » Local health department as part of controlling an outbreak of a vaccine preventable disease
-  Compliance is surveyed:
 - Annual, full inspection
 - Annual, unannounced inspection
 - As needed: when services change or investigation

Find more information at: [Division of Regulated Child Care - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov/cabinet/health-family-services/division-regulated-child-care)

Inspection Results are Public

Anyone can search for a child care facility and see results of previous inspections and their ***Kentucky All Star Rating***

🛡️ Available at: [Kentucky Child Care Provider Search](#)

Kentucky All STARS recognizes and supports quality early care and education programs throughout the Commonwealth.

🛡️ More information on *Kentucky All Stars*: [Welcome - Kentucky All Stars](#)

Early Childhood Vaccine Toolkit: Preparing for Child Care and Beyond

- 🛡️ Printable flyers/SM graphics with optional captions
- 🛡️ KY immunization requirements
 - Birth – 5 years old
- 🛡️ Summary of immunizations required for attendance
 - Child Care – Preschool
- 🛡️ Call scripts
- 🛡️ Sample letter for non-compliance
- 🛡️ Multiple useful links to additional resources
- 🛡️ Fun stickers and coloring sheets



[Early Childhood Vaccine Toolkit](#)

Landing Page

Early Childhood Vaccine Toolkit: Preparing for Child Care and Beyond



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.



Birth to 6 months

[Shareable Social Media Graphics and Flyers](#)

[KY Immunization Requirements for Birth to 6 Months](#)

[Summary of Immunizations for Birth to 6 Months Attendance](#)

9 to 18 months

[Shareable Social Media Graphics and Flyers](#)

[KY Immunization Requirements for 9 to 18 Months](#)

[Summary of Immunizations for 9 to 18 Months Attendance](#)

2 to 4 years

[Shareable Social Media Graphics and Flyers](#)

[KY Immunization Requirements for 2 to 4 Years](#)

[Summary of Immunizations for 2 to 4 Years Attendance](#)

Additional Resources

KDPH

[Commonwealth of KY Certificate of Immunization Status](#)
[Parent/Guardian's Religious Declination \(ENG\)](#)
[Parent/Guardian's Religious Declination Instructions \(ENG\)](#)
[Parent/Guardian's Religious Declination \(SPN\)](#)
[Parent/Guardian's Religious Declination Instructions \(SPN\)](#)
[Parent Friendly Child Vaccine Schedule](#)
[KYIR Public Portal](#)



[Sample Outreach Call Script](#)
[Notice of Noncompliance for Immunizations](#)
[Immunization Action Coalition \(IAC\): Vaccine Information](#)
[Immunize Kentucky Coalition \(IKC\): resources in other languages](#)
[AAP Shareable Video Clips](#)
[Fun Coloring Sheets #Vaccinated](#)
[Relevant KRS/KAR: Including Summaries](#)
[Printable I am Protected Childhood Stickers](#)

CDC

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

Revised: 2/21/2024

Image Source: [Early Childhood Vaccine Toolkit](#)

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

Early Childhood Vaccine Toolkit: Social Media for Birth – 6 months

Social Media Graphics/ Flyers

- 3 graphics
- 2 sample caption options to choose from for social media posts



IS YOUR BABY READY TO BEGIN CHILD CARE?
Contact your child's doctor or nurse today to schedule a check up and get up to date on vaccines!

BIRTH - 6 MONTHS

Your child needs to be up to date on vaccines and receive the following at this age:

 DTaP	 Hep B
 Hib	 PCV
 Polio	 Rotavirus

Recommended: RSV

 Scan the QR code to find out which vaccinations your child may need!

<https://www.chfs.ky.gov/agencies/dph/deph/imm/ChildVaccineSchedule.pdf>


Kentucky Public Health
Prevent. Promote. Protect.

Image source: [Birth-6mo - Child care Ready \(ky.gov\)](#)

Early Childhood Vaccine Toolkit: Social Media for 9 – 18 months

Social Media Graphics/ Flyers

- 3 graphics
- 2 sample caption options to choose from for social media posts

Image source: [9-18 mo - Child care Ready \(ky.gov\)](https://www.chfs.ky.gov/agencies/dph/deph/imm/ChildVaccineSchedule.pdf)

IS YOUR CHILD READY TO BEGIN CHILD CARE?

Take action today to make sure your child is up to date on vaccinations required!

9-18 MONTHS

Your child needs to be up to date on vaccines and receive the following at this age:

- ✔ DTaP
- ✔ Hep A
- ✔ Pneumococcal
- ✔ VAR
- ✔ Hep B
- ✔ Polio
- ✔ Hib
- ✔ MMR

Recommended: Flu, COVID-19

Scan the QR code to find out which vaccinations your child may need! Schedule an appointment with your child's doctor or nurse today!

<https://www.chfs.ky.gov/agencies/dph/deph/imm/ChildVaccineSchedule.pdf>


Kentucky Public Health
Prevent. Promote. Protect.

Early Childhood Vaccine Toolkit: Social Media for 2 – 4 years

Social Media Graphics/ Flyers

- 5 graphics
- 2 sample caption options to choose from for social media posts



IS YOUR CHILD READY TO BEGIN CHILD CARE?
Contact your child's doctor or nurse today to schedule a check up and get up to date on vaccines!

AGES 2-4 YEARS

Your child needs to be up to date on vaccines and receive the following at this age:

 DTaP	 Hep A	 PCV
 VAR	 Hep B	 Polio
 Hib	 MMR	

Recommended: Flu and COVID-19

 Scan the QR code to find out which vaccinations your child may need!

<https://www.chfs.ky.gov/agencies/dph/dehp/imm/ChildVaccineSchedule.pdf>



Image source: [chfs.ky.gov/agencies/dph/dehp/imm/2_4years_SocialMedia.pdf](https://www.chfs.ky.gov/agencies/dph/dehp/imm/2_4years_SocialMedia.pdf)

Early Childhood Vaccine Toolkit: Social Media

 Not all options include specific vaccines



Is your baby ready for child care?

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



Scan the QR code to find out which vaccinations your child may be missing!
<https://kyirpublicportal.ky.gov>



Kentucky Public Health
Prevent. Promote. Protect.



 **Tiny Tots, Big Adventures:
Launching into vaccine protection!**

Safe and effective **vaccines** are available and **required** to offer the best protection from preventable diseases!



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



Kentucky Public Health
Prevent. Promote. Protect.


SCAN ME



Find out which vaccinations your child may be missing!
<https://kyirpublicportal.ky.gov>

Image source [9-18 mo - Child care Ready \(ky.gov\)](https://www.ky.gov) and [2-4 yrs - Child care Ready \(ky.gov\)](https://www.ky.gov)

Early Childhood Vaccine Toolkit: Social Media Facebook & Twitter Captions

-  Sample Caption for Facebook and Twitter:
- Are you ready to launch your child into child care? Start with vaccine protection. **Routine childhood vaccinations** help protect your child from serious diseases like polio, rotavirus, hepatitis B and whooping cough and **are required**. For vaccination and wellness checks that your child may need, visit: <https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html> #ChildcareReady #VaccineProtected

Visit the Early Childhood Vaccine Toolkit at: [Early Childhood Vaccine Toolkit](#) and click Sharable Social Media Graphics and Flyers for the age range you are seeking to find the graphics and captions.

Early Childhood Vaccine Toolkit: Sample Call Scripts

Sample Call Script

- Licensed Child care Providers
(refers to Kentucky law [922 KAR 2:090](#). Section 9)
- Certified Child care Providers
(refers to Kentucky law [922 KAR 2:100](#). Section 19)

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

Call scripts available at : [SampleOutreachCallScript.pdf \(ky.gov\)](#)

Summary of Immunization Requirements for Child Care Facility Attendance

🛡️ Requirements for 3 months up to 19 months of age

🛡️ Scan QR code



Image source: [EasytoRead_RegImmRequirements_Birth_18mon.pdf \(ky.gov\)](https://www.ky.gov/easytoRead_RegImmRequirements_Birth_18mon.pdf)

Summary of Immunization Requirements for Child Care Facility Attendance
(Refer to Kentucky 902 KAR 2:060 for details on exceptions and exemptions)

A child is required to have the following immunizations/doses for attendance based on age:

Current Age:	Vaccines	# Required Doses
3 months - up to 5 months	DTaP or DTP	✓ 1 dose
	IPV or OPV	✓ 1 dose
	Hib	✓ 1 dose
	Hepatitis B	✓ 1 dose
	PCV	✓ 1 dose
5 months - up to 7 months	DTaP or DTP	✓ 2 doses
	IPV or OPV	✓ 2 doses
	Hib	✓ 2 doses
	Hepatitis B	✓ 2 doses
	PCV	✓ 2 doses
7 months - up to 12 months	DTaP, DTP or DT	✓ 3 doses
	IPV or OPV	✓ 2 doses
	Hib	✓ 2 doses
	Hepatitis B	✓ 2 doses
	PCV	✓ 3 doses, or ✓ 2 doses if 1 st dose given at 7-11 months
12 months - up to 16 months	DTaP, DTP or DT	✓ 3 doses
	IPV or OPV	✓ 2 doses
	Hib	✓ 3 doses, or ✓ 2 doses if 1 st dose given at 7-11 months, or ✓ 1 dose if 1 st dose given at 12 months or after
	Hepatitis A	✓ 1 dose
	Hepatitis B	✓ 2 doses
	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 months or after
16 months - up to 19 months	DTaP, DTP or DT	✓ 4 doses
	IPV or OPV	✓ 2 doses
	Hib	✓ 3 or 4 doses (depending on type of vaccine used), 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 was given at 12-14 months, or ✓ 1 dose if 1 st dose was given at 15 months or after
	Hepatitis A	✓ 1 dose
	Hepatitis B	✓ 2 doses
	PCV	✓ 4 doses with 1 dose given at 12-18 months, or ✓ 3 doses if 1 st dose was given at 7-11 months, with at least 1 dose given at 12-18 months, or ✓ 2 doses if 1 st dose was given at 12 months or after
	MMR	✓ 1 dose
	Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)



Revised 02/2024

Summary of Immunization Requirements for Child Care Facility Attendance *(continued)*

🛡️ Requirements for 19 months up to 5 years of age

🛡️ Scan OR code



Image source: [EasytoRead_RegImmRequirements_19mon_5yr.pdf \(ky.gov\)](https://www.ky.gov/easytoread/RegImmRequirements_19mon_5yr.pdf)

Summary of Immunization Requirements for Child Care Facility Attendance
(Refer to [Kentucky 902 KAR 2:060](#) for details on exceptions and exemptions)

A child is required to have the following immunizations/doses for attendance based on age:

Current Age:	Vaccines	# Required Doses
19 months - up to 4 years	DTaP, DTP or DT	✓ 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 was given before 15 months, or ✓ 2 doses if 1 st dose given at age 12-14 months, or ✓ 1 dose if 1 st dose given after 15 months
	Hepatitis A	✓ 2 doses (spaced at least 6 months apart)
	Hepatitis B	✓ 3 doses (last dose must be given after the 6-month birthday)
	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 at 24 months or after
	MMR	✓ 1 dose
	Varicella	✓ 1 dose (unless varicella immunity due to history of chicken pox verified by healthcare provider)
4 years - up to 5 years	DTaP, DTP or DT	✓ 4 doses
	IPV or OPV	✓ 3 doses
	Hib	✓ 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	✓ 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)

Kentucky Immunization Requirements for Child Care/Preschool Children

Kentucky Immunization Requirements for Child Care/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
DTaP 1 dose	DTaP 2 doses	DTaP 3 doses	DTaP 3 doses	DTaP 4 doses	DTaP 4 doses	DTaP 4 doses	DTaP 5 doses ⁵
Polio (IPV) 1 dose	Polio (IPV) 2 doses	Polio (IPV) 2 doses	Polio (IPV) 2 doses	Polio (IPV) 2 doses	Polio (IPV) 3 doses	Polio (IPV) 3 doses	Polio (IPV) 4 doses ⁶
Hib 1 dose	Hib 2 doses	Hib 2 doses	Hib 3 doses ³	Hib 4 doses ⁴	Hib 4 doses ⁴	Hib 4 doses ⁴	Hib No requirement
Hep B 1 dose	Hep B 2 doses	Hep B 2 doses	Hep B 2 doses	Hep B 2 doses	Hep B 3 doses	Hep B 3 doses	Hep B 3 doses
Pneumococcal (PCV) 1 dose	Pneumococcal (PCV) 2 doses	Pneumococcal (PCV) 3 doses ¹	Pneumococcal (PCV) 4 doses ²	Pneumococcal (PCV) 4 doses ²	Pneumococcal (PCV) 4 doses ²	Pneumococcal (PCV) 4 doses ²	Pneumococcal (PCV) No requirement
			Hep A 1 dose	Hep A 1 dose	Hep A 2 doses	Hep A 2 doses	Hep A 2 doses
				MMR 1 dose	MMR 1 dose	MMR 2 doses	MMR 2 doses
				Varicella ⁷ 1 dose	Varicella ⁷ 1 dose	Varicella ⁷ 2 doses	Varicella 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

<p>Exceptions and Exemptions see Section 3 of 902 KAR 2:060</p> 	<p>ACIP Guidance minimum age and dose interval recommendations</p> 
--	---



Kentucky Public Health
Prevent. Promote. Protect.

Revised 02/2024

Image Source:
[KYImmRequirements_Childcare_PreK.pdf](#)

Early Childhood Vaccine Toolkit: Printable Stickers



Image Source https://www.chfs.ky.gov/agencies/dph/dehp/Documents/Fun%20Stickers-%20Avery%2022205%20-%20202%20inch%20Round_Original.pdf

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](#)



Key Points

- 🛡️ Early Childhood Vaccine Tool-Kit: Preparing for Child Care and Beyond
 - available for use by general public
- 🛡️ 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 need improving to protect our children
- 🛡️ Understanding Kentucky immunization regulation requirements

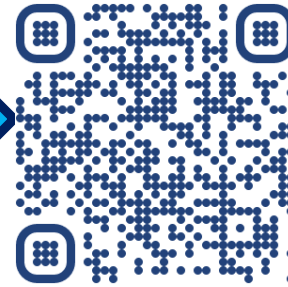
If you don't already, follow us:



[Kentucky Department for Public Health \(@KYHealthAlerts\) / Twitter](https://twitter.com/KYHealthAlerts)



[Kentucky Department for Public Health | Facebook](https://www.facebook.com/KentuckyDepartmentforPublicHealth)



Kentucky Public Health
Prevent. Promote. Protect.

[Department for Public Health - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov)



[Immunization Outreach - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov)



Questions?

Crystal Back, RN

Pediatric Immunization Nurse Coordinator

CHFS DPH DEHP

crystal.back@ky.gov

Tara Pendencygraft, MPH

Education and Outreach Coordinator

CHFS DPH DEHP

tara.pendencygraft@ky.gov



Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES

School-Age Vaccination: Pediatric School Certificates & Immunization Review Process

Crystal Back, RN, Pediatric Immunization Nurse Coordinator
Tara Pendygraft, MPH, Education and Outreach Coordinator

August 2024



Kentucky Department for Public Health

Mission and Vision in Action

Healthier People,
Healthier Communities.

Our mission is to improve the health and safety of people in Kentucky through prevention, promotion and protection.



- Diabetes Prevention
- Disease Surveillance
- Environmental Inspections
- HANDS

- Immunizations
- KEIS
- Mobile Harm Reduction
- Newborn Screening

- Prescription Assistance
- Public Health Disaster Preparedness
- Smoking Cessation
- WIC

Focus Areas

Childhood Vaccines

- Evaluating certificate of immunization status
- Reporting student vaccinations
- Monitoring student vaccination status
- State School Surveys

Strategies

- Back to School Toolkit
 - Improve understanding of state regulations
- ACI-P vaccine recommendations

Best Practices

- Pediatric school certificates
- Immunization review process



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
 Name of Parent: SIMPSON MARGE
 Address: 123 MAIN ST SPRINGFIELD IL 62629

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 //	06/15/2007 //	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 04/19/2028, (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)

(CURRENT)

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
 Name of Parent: SIMPSON MARGE
 Address: 123 MAIN ST SPRINGFIELD IL 62629

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	03/10/2018	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)

(EXPIRED)

Blank Kentucky Immunization Certificate



 Scan QR code:



 Or visit:

<https://www.chfs.ky.gov/agencies/dph/dehp/imm/EPID230.pdf>

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 <small>Alt. Adult Hepatitis B*</small>	/ /	/ /	/ /	/ /	/ /
DTaP/DTP/DT*	/ /	/ /	/ /	/ /	/ /
Hib*	/ /	/ /	/ /	/ /	/ /
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	/ /
Polio	/ /	/ /	/ /	/ /	/ /
Influenza MMX	/ /	/ /	/ /	/ /	/ /
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.



EPID-230 (Rev 06/2017)

Religious Exemption Parent Instructions



Scan QR code:



Or visit:

<https://chfs.ky.gov/agencies/dph/department/Documents/ReligiousDeclinationInstructions2024.pdf>



Kentucky Public Health
Prevent. Promote. Protect.

Instructions for Completing the Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (EPID-230A)

1. Obtain a copy of your child's immunization certificate EPID-230 *Commonwealth of Kentucky Certificate of Immunization Status (Rev 01/2017)* from your local health department or your child's medical provider.
 - All the immunizations your child has ever received must be listed on your child's immunization certificate.
 - "Religious Objection" must be checked at the bottom of your child's immunization certificate.
2. Obtain a copy of the EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)* form available at: the [immunization Branch - Cabinet for Health and Family Services \(ky.gov\)](https://chfs.ky.gov/agencies/dph/department/Documents/ReligiousDeclinationInstructions2024.pdf) website or from your local health department.
3. Complete the top portion of the EPID-230A form, place an "X" in the box(es) to the left of each disease for which you object to your child receiving an immunization and initial and date in the box(es) to the right of each disease objected.
4. Initial after the statement, "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."
5. Provide your child's full legal Last Name, First Name, and Middle Name and your child's Date of Birth using the format of MM/DD/YYYY on the lines provided.
6. Parent/legal guardian take unsigned form and legal ID to Notary Public (*visit your local library*)
 - Sign form in front of the notary public.
7. Only when the Notary Public signs and dates, will you have a current and valid EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)*.
8. The current and valid EPID-230A *Commonwealth of Kentucky Parent or Guardian's Declination on Religious Grounds to Required Immunizations (Revised 06/2017)* must be presented with an EPID-230 *Commonwealth of Kentucky Certificate of Immunization Status (Rev 01/2017)* to satisfy the immunization certificate requirement.

Our Mission: To improve the health and safety of people in Kentucky through Prevention, Promotion, and Protection

Our Vision: Healthier People, Healthier Communities.

Our REACH Values: Responsiveness Equity Accountability Collaboration Honesty

Revised 02/2024



Religious Exemption Blank EPID-230A form



EPID-230A Form

Scan QR code:



Or visit:

<https://www.chfs.ky.gov/agencies/dph/dehp/imm/EPID230a.pdf>

Commonwealth of Kentucky Parent or Guardian's Declaration 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 48 months (4 years) up to 5 years

DTaP, DTP or DT	✓ 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 at age 15 months or after
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)

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 A-C-I-P.

Image source: [EasytoRead_RegImmequirements_Pre-K_4-7yrs.pdf \(ky.gov\)](#)

Kentucky 902 KAR 2:060

A child ages 5 years up to 7 years

DTaP, DTP or DT	✓ 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 (<i>unless varicella immunity due to history of chicken pox verified by healthcare provider</i>)

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 A-C-I-P.

Image source: [EasytoRead_RegImrequirements_Pre-K_4-7yrs.pdf \(ky.gov\)](#)

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 A-C-I-P.

Kentucky 902 KAR 2:060

A child ages 11 and 12 years old

DTaP, DTP or DT	<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 (<i>unless varicella immunity due to history of chicken pox verified by healthcare provider</i>)
Tdap or Td	<ul style="list-style-type: none">✓ 1 dose
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 A-C-I-P.

Image source: [EasytoRead_RegImmRequirements_11yrsandUp.pdf \(ky.gov\)](#)

Kentucky 902 KAR 2:060

A child ages 13 and up to 16 years old

DTaP or DTP	(DT may be used if contradiction to Pertussis) <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 A-C-I-P.

Kentucky 902 KAR 2:060

A child ages 16 years and older

DTaP, DTP or DT	<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 (<i>unless varicella immunity due to history of chicken pox verified by healthcare provider</i>)
Tdap or Td	<ul style="list-style-type: none"> ✓ 1 dose
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 A-C-I-P.

Image source: [EasytoRead_RegImmRequirements_11yrsandUp.pdf \(ky.gov\)](#)

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 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)

<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>

Monitoring Vaccination Status *(continued)*



Upon enrollment in a:

- Child day care center
- Certified family childcare 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

<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>

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 childcare homes
 - Any licensed facility that cares for children

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

<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>

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: Annual School Survey

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 \(ky.gov\)](#)

Immunization Reporting: Finding more Information

- 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/>



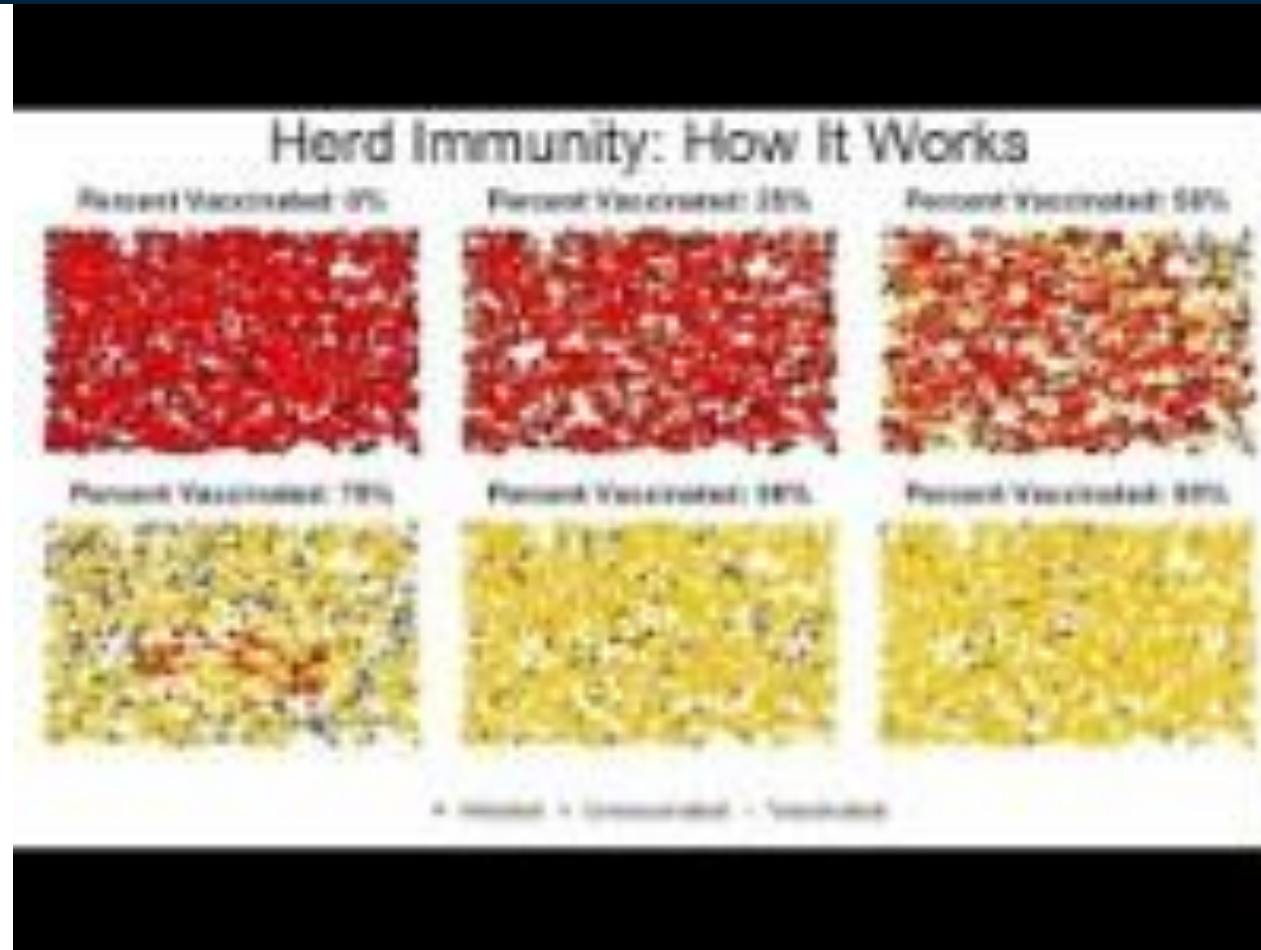
- Immunization schedules required for attending child day care centers, certified family childcare homes, other licensed facilities which care for children, preschool programs, and public and private primary and secondary schools
 - Kentucky State Requirement- regulation 902 KAR 2:060, Section 2
<https://apps.legislature.ky.gov/law/kar/titles/902/002/060/>



- The Annual School Immunization Survey Reports can be found at:
<https://chfs.ky.gov/agencies/dph/dehp/Pages/immunization.aspx>



Herd Immunity



Video clip available at: https://youtu.be/mUY3liOKx28?si=KAEvB3_FMTM6i2P7

Back to School Outreach Toolkit

- 🛡️ Printable flyers/SM graphics with optional captions
- 🛡️ KY Immunization Requirements
 - 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](#)

Landing Page



Image source: [2024 Imm Branch Back to School Toolkit \(ky.gov\)](https://www.ky.gov)



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.

Pre-School to Kindergarten
(Ages 4 & 5)

6th Grade

High School

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

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

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

Additional Resources

KDPH

CDC

[Parent Friendly Child Vaccine Schedule](#)
[Parent/Guardian's Religious Declination \(ENG\)](#)
[Parent/Guardian's Religious Declination Instructions \(ENG\)](#)
[Parent/Guardian's Religious Declination \(SPN\)](#)
[Parent/Guardian's Religious Declination Instructions \(SPN\)](#)
[Relevant KRS/KAR: Including Summaries](#)
[Commonwealth of KY Certificate of Immunization Status](#)
[KYIR Public Portal](#)



[Sample Outreach Call Script](#)
[Notice of Noncompliance for Immunizations](#)
[Notice of Incomplete Health Requirements](#)
[Immunization Action Coalition \(IAC\): Vaccine Information](#)
[Immunize Kentucky Coalition \(IKC\): resources in other languages](#)
[AAP Shareable Video Clips](#)
[Fun Coloring Sheets #Vaccinated](#)
[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](#)
[Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
[Childhood Vaccine Quiz for Parents | CDC](#)

Revised: 3/14/2024

Back to School Outreach Toolkit: Social Media

Social Media Graphics/ Flyers

- Pre-School to Kindergarten

Image source: [PreK-Kindergarten \(ky.gov\)](https://www.ky.gov/prek-kindergarten)

IS YOUR CHILD READY TO START KINDERGARTEN?

Contact your child's doctor or nurse today to schedule a check up and get up to date on vaccines!

KINDERGARTEN READY

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 | |



Scan the QR code to find out which vaccinations your child may need!
<https://www.chfs.ky.gov/agencies/dph/dph/imm/ChildVaccineSchedule.pdf>

BACK TO SCHOOL



Get ready for the new school year!

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



Scan the QR code to find out which vaccinations your child may be missing!
<https://kyirpublicportal.ky.gov>



Back to School Outreach Toolkit: Social Media (continued)

Social Media Graphics/ Flyers

- 6th Grade & Middle School



Image sources: [6th grade/middle school ready \(ky.gov\)](https://www.ky.gov/6th-grade/middle-school-ready)

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!

MIDDLE SCHOOL READY

Children need to be up to date on vaccines and receive the following at age 11:

 Meningitis (MenACWY)  Tdap

 School Physical

Ask your healthcare provider about the

 HPV vaccine



Scan the QR code to find out which vaccinations your child may need!

<https://www.chfs.ky.gov/agencies/dph/deph/imm/ChildVaccineSchedule.pdf>

BACK TO SCHOOL



Kentucky Public Health
Prevent. Promote. Protect.

Sixth Grade Ready!

Safe and effective **vaccines** are available and **required for school** to offer the best protection!
Add vaccines to your child's back to school list.



Scan the QR code to find out which vaccinations your child may be missing!

<https://kyirpublicportal.ky.gov>



Kentucky Public Health
Prevent. Promote. Protect.



Back to School Outreach Toolkit: Social Media (continued)

- 🛡️ Social Media Graphics/
Flyers
 - High School

Image source: [High School Ready \(ky.gov\)](https://www.ky.gov/high-school-ready/)

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 the QR code to find out which vaccinations your child may be missing!

<https://kyirpublicportal.ky.gov>

Kentucky Public Health
Prevent. Promote. Protect.

Get ready for the new school year!
Add vaccines to your child's back to school list.

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


SCAN ME

Find out which vaccinations your child may be missing!

<https://kyirpublicportal.ky.gov>





Kentucky Public Health
Prevent. Promote. Protect.
School Health

Back to School Outreach Tool Kit: Facebook & Twitter Captions

-  Sample 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 at: <http://chfs.ky.gov/KDPHMyVaxRecord>. For vaccinations and wellness checks that your child may need, visit: <https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html>
#SchoolReady #VaccineProtected

Visit the Back to School Outreach Toolkit at: [2024 Imm Branch Back to School Toolkit \(ky.gov\)](https://www.ky.gov/2024/08/20/2024-Imm-Branch-Back-to-School-Toolkit) and click Sharable Social Media Graphics and Flyers for the age range you are seeking to find the graphics and captions.

Back to School Outreach Toolkit: 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.

Call script available at: [Microsoft Word - Sample Outreach Call Scripts \(ky.gov\)](#)

Summary of Immunization Requirements for Pre-K & Kindergarten Attendance



Image source: [EasytoRead_RegImmequirements_Pre-K_4-7yrs.pdf \(ky.gov\)](#)

Summary of Immunization Requirements for Preschool and School Attendance

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

A child is required to have the following immunizations/doses for attendance based on age:

Current Age:	Vaccines	# Required Doses
4 years - up to 5 years	DTaP, DTP or DT	✓ 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 at age 15 months or after
	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
5 years - up to 7 years	DTaP, DTP or DT	✓ 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)
	Varicella	✓ 2 doses (unless varicella immunity due to history of chicken pox verified by healthcare provider)

Summary of Immunization Requirements for School Attendance ages 11 & over



Image source: [EasytoRead_RegImmRequirements_11yrsandUp.pdf \(ky.gov\)](https://www.ky.gov/easytoread/RegImmRequirements_11yrsandUp.pdf)

Summary of Immunization Requirements for School Attendance <i>(Refer to Kentucky 902 KAR 2:060 for details on exceptions and exemptions)</i>		
A child is required to have the following immunizations/doses for attendance based on age:		
Current Age:	Vaccines	Required Doses
11 years - up to 13 years	DTaP, DTP or DT	<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 or Td	<ul style="list-style-type: none"> ✓ 1 dose
16 years & Older	DTaP, DTP or DT	<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 or Td	<ul style="list-style-type: none"> ✓ 1 dose
MenACWY	<ul style="list-style-type: none"> ✓ 2 doses, or ✓ 1 dose if received at age 16 or older 	

Kentucky Immunization Requirements for School-Age Children



Image source: [KYImmRequirements_SchoolAge.pdf](#)

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>DTaP</u> ¹ 4 or 5 doses	<u>DTaP</u> ¹ 4 or 5 doses	<i>*History of DTaP</i> ² 4 or 5 doses before age 7	<i>*History of DTaP</i> ² 4 or 5 doses before age 7
<u>Polio (IPV)</u> 3 doses	<u>Polio (IPV)</u> ² 3 or 4 doses	<u>Polio (IPV)</u> ² 3 or 4 doses	<u>Polio (IPV)</u> ² 3 or 4 doses	<u>Polio (IPV)</u> ² 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>Hib</u> ³ 3 or 4 doses	<u>Hib</u> ³ 3 or 4 doses	<u>Hib</u> ³ No requirement	<u>Varicella</u> ⁵ 2 doses	<u>Varicella</u> ⁵ 2 doses
<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses	<u>Hep B</u> 3 doses	<u>Hep B</u> ⁴ 2 or 3 doses	<u>Hep B</u> ⁴ 2 or 3 doses
<u>Varicella</u> ⁵ 1 dose	<u>Varicella</u> ⁵ 2 doses	<u>Varicella</u> ⁵ 2 doses	<u>Tdap</u> 1 dose	<u>Tdap</u> 1 dose
<u>Pneumococcal (PCV)</u> ⁶ 4 doses	<u>Pneumococcal (PCV)</u> ⁶ 4 doses	<u>Pneumococcal (PCV)</u> ⁶ No requirement	<u>Meningococcal (MenACWY)</u> 1 dose	<u>Meningococcal (MenACWY)</u> ⁷ 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

<p>Exceptions and Exemptions see Section 3 of 902 KAR 2:060</p>	<p>ACIP Guidance minimum age and dose interval recommendations</p>
--	---

Revised 02/2024



Kentucky Public Health
Prevent. Promote. Protect.

Back to School Outreach Tool Kit: Printable Stickers



Image Source: [School Stickers- Avery 22205 - 2 inch Round.pdf \(ky.gov\)](https://www.ky.gov/files/2020/08/School-Stickers-Avery-22205-2-inch-Round.pdf)

Back to School Outreach Tool Kit: KDPH & Additional Resources *(links on landing page)*



KDPH

- [Parent Friendly Child Vaccine Schedule](#)
- [Parent/Guardian's Declination Religious Declination \(ENG\)](#)
- [Parent/Guardian's Declination Religious Declination Instructions \(ENG\)](#)
- [Parent/Guardian's Declination Religious Declination \(SPN\)](#)
- [Parent/Guardian's Declination Religious Declination Instructions \(SPN\)](#)
- [Relevant KRS/KAR: Including Summaries](#)
- [Commonwealth of KY Certificate of Immunization Status](#)
- [KYIR Public Portal](#)
- [Notice of Noncompliance for Immunizations](#)
- [Notice of Incomplete Health Requirements](#)
- [Immunization Action Coalition \(IAC\): Vaccine Information](#)
- [Immunization Action Coalition \(IAC\): Resources in other languages](#)
- [AAP Shareable Video Clips](#)
- [Fun Coloring Sheets #Vaccinated](#)
- [Printable School Ready Sticker](#)

Back to School Outreach Tool Kit: CDC Additional Resources *(links on landing page)*

CDC

- [Vaccine Information Statements \(VISs\) | CDC](#)
- [Immunization Schedules for Healthcare Professionals | CDC](#)
- [U.S. Vaccine Names | CDC](#)
- [A-C-I-P Vaccine Recommendations | CDC](#)
- [Manual for the Surveillance of Vaccine-Preventable Diseases | CDC](#)
- [Childhood Vaccine Quiz for Parents | 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

If you don't already, follow us:



[Kentucky Department for Public Health \(@KYHealthAlerts\) / Twitter](https://twitter.com/KYHealthAlerts)



[Kentucky Department for Public Health | Facebook](https://www.facebook.com/KentuckyDepartmentforPublicHealth)



Kentucky Public Health
Present. Promote. Protect.

[Department for Public Health - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov)



[Immunization Outreach - Cabinet for Health and Family Services \(ky.gov\)](https://www.ky.gov)



Questions?

Crystal Back, RN

Pediatric Immunization Nurse Coordinator

CHFS DPH DEHP

crystal.back@ky.gov

Tara Pendencygraft, MPH

Education and Outreach Coordinator

CHFS DPH DEHP

tara.pendencygraft@ky.gov



Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY®

CABINET FOR HEALTH
AND FAMILY SERVICES