

Approved Sources for Immunizations

**** Per licensing these are the guidelines ****
for approved immunization records.

Title #	1135
Category	Children's Records
Title	Immunization
Child Care Regulation Text	922 KAR 2:090. Section 9. Records. (1) A child-care center shall maintain: (a) A current immunization certificate for each child in care within thirty (30) days of the child's enrollment, unless an attending physician or the child's parent objects to the immunization of the child pursuant to KRS 214.036;
Guideline (s) for Child Care Technical Assistance	All child care providers must obtain written documentation of each child's immunization record. For children who are new to the center, the immunization certificate must be presented within the first thirty (30) days. For children who are enrolled, the immunization record must be current (has not passed the date specified on the record.) Children, who do not have one of the approved immunization certificates on file at the child care center, would not be allowed to attend the child care center. Approved sources of immunization certificates include: <ul style="list-style-type: none"> • Commonwealth of Kentucky Immunization Certificate • Commonwealth of Kentucky Provisional Immunization Certificate • Commonwealth of Kentucky Certificate of Medical Exemption • Commonwealth of Kentucky Certificate of Religious Exemption <p>• Or, if the immunization certificate was not provided by CHFS, it shall:</p> <ul style="list-style-type: none"> • Be a hard copy or electronically produced • The name of the child • The birthdate of the child • The name of the parent or guardian of the child • The address of the child, including street, city, state, zip code • The types of vaccines administered to the child • The date that each dose of each vaccine was administered • Certification that the child is current for immunizations until a specified time, including a statement that the certificate shall not be valid after the specified date → expiration date • The signature and date of the signature of the medical professional. (pediatrician) <p>Children who are unable to be immunized for any reason (medical, religious or parent preference) must obtain a medical exemption form (IMM-2) from their physician or local health department.</p>
Regulated Child Care Survey Method	Review children's files to ensure compliance. KRS 214.036 indicates parents who object to the immunizations may provide a written sworn statement as to the objection and their children are not required to be vaccinated.

SAMPLE: not provided by CHFS.
 Completed by child's pediatrician.

COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address
 Mack & Poole Pediatrics
 2351 Huguenard Dr STE 200
 Lexington, KY 40503

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	11/21/14	1/21/15	3/23/15	5/22/15	
All Adult Hepatitis B ¹					
DTaP/DTP/DT	1/21/15	3/23/15	5/22/15	5/24/16	12/04/18
Hib ²	1/21/15	3/23/15	2/23/16	/ / /	/ / /
Pneumococcal (PCV13)	1/21/15	3/23/15	5/22/15	/ / /	/ / /
Polio	1/21/15	3/23/15	5/22/15	11/24/15	12/04/18
Influenza	/ / /	/ / /	/ / /	/ / /	/ / /
MMR	11/24/15	12/04/18			
Varicella	11/24/15	12/04/18			
Hepatitis A	2/23/16	11/21/16			
Meningococcal	/ / /	/ / /	/ / /	/ / /	/ / /
Td	/ / /	/ / /	/ / /	/ / /	/ / /
Tdap	/ / /	/ / /	/ / /	/ / /	/ / /
Rotavirus	1/21/15	3/23/15	5/22/15	/ / /	/ / /
HPV	/ / /	/ / /	/ / /	/ / /	/ / /
Men B	/ / /	/ / /	/ / /	/ / /	/ / /
Pneumococcal (PPSV23)	/ / /	/ / /	/ / /	/ / /	/ / /

¹Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. ²DTaP, DTP, or DT. ³4th not required at 5 years of age or more.

This child is current for immunizations until **12/10/25**, (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.

Allison Noel Rma 12/4/18
(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.

