

KANSAS CERTIFICATE OF IMMUNIZATION - FORM B

MEDICAL EXEMPTION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Telephone Number: (      ) \_\_\_\_\_

Medical exemption due to \_\_\_\_\_ for the following vaccine(s):

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> DTP                    | <input type="checkbox"/> Pertussis only | <input type="checkbox"/> MMR          |
| <input type="checkbox"/> OPV                    | <input type="checkbox"/> IPV            | <input type="checkbox"/> Rubella only |
| <input type="checkbox"/> Other (Specify: _____) |   |                                       |

I certify the physical condition of this child to be such that the inoculation(s) specified on this form would seriously endanger the life or health of this child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Name (print): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: (      ) \_\_\_\_\_

A Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.), licensed by the Kansas Board of Healing Arts, must complete this affidavit. Annual medical exemptions shall be documented on this form and attached to the student's Kansas Certificate of Immunization (KCI). Annual medical exemptions shall be completed as long as the medical exemption is warranted.

Kansas Department of Health & Environment, Bureau of Disease Control, Immunization Program, 109 S.W. 9th Street, Suite 605, Topeka, Kansas 66612-1271

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