Division of Public Health Curtis State Office Building 1000 SW Jackson St., Suite 300 Topeka, KS 66612-1368



Phone: 785-296-1086 www.kdheks.gov

Janet Stanek, Secretary

Laura Kelly, Governor

KANSAS CERTIFICATE OF IMMUNIZATIONS - FORM B MEDICAL EXEMPTION

Student Name:	Birthdate:	
Street Address:		
City:	State:	Zip Code:
Parent/Guardian:		
Telephone:		
Medical exemption for the following vaccine(s): () DTaP () Tdap/Td () Pertussis Only () Polio () MMR () Hib () Rotavirus I certify the physical condition of this child to be would seriously endanger the life or health of this	() Meningoo () Varicella () Human P () Other:	B soccal Conjugate coccal Conjugate apillomavirus
Signature:	Date:	
PLEASE	PRINT	
Name:		
Street Address:		
City:	State:	Zip Code:
Telephone:		
Medical License Number:		State of Licensure:

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