

**NOTICE OF NONCOMPLIANCE FOR IMMUNIZATION**  
**Required for Admissions to Schools in Kentucky**

To the Parent, Guardian, or Legal Custodian of \_\_\_\_\_ Grade \_\_\_\_\_

The Kentucky Administrative Regulation, 902 KAR 2:060, about immunizations schedule for attending school requires that all students through grade 12 receive a minimum number of immunizations prior to school entrance. These requirements are documented by a current immunization certificate and can be waived only for medical or religious exemptions. Through an immunization audit on \_\_\_\_/\_\_\_\_/\_\_\_\_, staff have determined your child is not compliant with the requirements of this regulations because: (1) an immunization certificate is not on file and available at school, (2) a certificate is on file, but it is incorrectly filled out, or (3) immunization(s) is/are needed (see reason for noncompliance below)

**Reasons for Noncompliance**

No Immunization Certificate or Medical Exemption or Religious Exemption on File;

**OR**

Your child needs the following checked vaccine(s)

<u>DTaP/DTP</u>	<u>Polio</u>	<u>Hepatitis B</u>	<u>Hepatitis A</u>	<u>MMR</u>	<u>Varicella*</u>	<u>Tdap</u>	<u>Meningococcal</u>
<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 1
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<input type="checkbox"/> Dose 4	<input type="checkbox"/> Dose 4						
<input type="checkbox"/> Dose 5							

\*\* Varicella – If your child has had varicella disease (i.e., chickenpox) or herpes zoster disease (i.e., shingles) either diagnosed or verified by a healthcare provider, varicella vaccine is not required.

**OR**

Other \_\_\_\_\_

To be compliant with the law, please obtain and submit a current immunization certificate or exemption form prior to \_\_\_\_/\_\_\_\_/\_\_\_\_. Failure to do so **may result in your child's exclusion from school** until the necessary documentations have been received. If you have questions about this notice, please contact the school.

A completed and current immunization certificate must be signed by one of the healthcare professionals authorized to issue immunization certificates (i.e., a physician, an advanced practice registered nurse, a physician assistant, a pharmacist, a local health department (LHD) administrator, a registered nurse or licensed practical nurse designee to sign for a physician, LHD administrator or licensed health care facility that provides immunizations). Or, a printed certificate from the Kentucky Immunization Registry will be accepted without requiring a signature.

Your immediate cooperation is appreciated.

Name of School _____
School Contact Information _____ _____