



Kansas Immunization Record
Official Document
Registro de Inmunizacion
Documento Oficial

Your child must meet the state of Kansas immunization requirements to be enrolled in school or licensed day care. This is the law! Retain this document as proof of immunizations.

Su niño debe cumplir con los requisitos de inmunización del estado de Kansas, para poder inscribirse en la escuela o en un jardín de niños autorizado. La ley manda que mantenga este documento como prueba de inmunización.

For appointment or information, contact your local county health department or your physician's office.

RILEY CHD VACCINE ADMINISTRATION CLINIC
 2030 TECUMSEH RD
 MANHATTAN, KS 66502

Present this record at each medical visit.
 Presente este documento durante sus visitas medicas.

Name/ MARY BETH KIRKHAM (4182955)

Nombre:

Date of Birth/ 10/16/1944

Fecha de Nacimiento:

Allergies/

Alergias:

Vaccine Reactions/

Reacciones contra:

Comments

Date	Note

Vaccines Refused

Date	Note

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Doctor or Clinic Doctor o Clinica	Date Next Due Proxima Vacuna MM/DD/YYYY
Other			
1			
2			
3			
4			
5			
6			

⊖ = Invalid Dose. KSWebIZ minimum age/interval not met ⊗ = Dose determined invalid by provider

Vaccine/Vacuna	Date Given Dada en la Fecha MM/DD/YYYY	Doctor or Clinic Doctor o Clinica	Date Next Due Proxima Vacuna MM/DD/YYYY
DTaP/TD/Tdap			
1			06/15/2022
2			
3			
4			
5			
6			
Polio			
1			
2			
3			
4			
5			
MMR/Measles			
1			
2			
Hib			
1			
2			
3			
4			
HEPB			
1			06/15/2022
2			
3			
HEPA			
1			
2			
Pneumococcal			
1			06/15/2022
2			
3			
4			
ROTA			
1			
2			
3			
Varicella			
1			06/15/2022
2			
Influenza			
1			06/15/2022
2			
3			
4			
COVID-19			
1	COVID-19 mRNA (MOD)	06/15/2022	RL CO HD
2	COVID-19 mRNA (MOD)	11/03/2021	DNN'S PHRMC
3	COVID-19 mRNA (MOD)	03/24/2021	RL CO HD
4	COVID-19 mRNA (MOD)	02/24/2021	RL CO HD
5			
Meningococcal			
1			
2			
3			
HPV			
1			
2			
3			

TB Skin Tests

Type	Date Given	Given By	Date Read	Read By	mm indur	
						<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant
						<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant
						<input type="checkbox"/> Significant <input type="checkbox"/> Non-Significant

Lead Poisoning Screen

Recommended Testing Ages * denotes Medicaid Requirement	Test Date	Test Type	Provider	Result
12 Months *		Filter Paper Venous		
24 Months *		Filter Paper Venous		
Pre-school (48 - 60 Months)		Filter Paper Venous		