



# Carroll County Board of Education

Dr. Ron Livingood, Interim Superintendent  
Mr. Doug Oak, Assistant Superintendent/Chief Academic Officer  
Mr. Mark Willhoite, Director of Pupil Personnel/Chief Operations Officer  
Mrs. Jonica Ray, Elementary Instructional Supervisor  
Mr. Jon Conrad, Chief Financial Officer  
Mrs. Kathy Bieger, Director of Special Education

January 5, 2018

Dear Parent or Guardian,

Please see the attached documents from our State Department of Public Education and Cabinet for Health and Family Services, informing us of **NEW immunization requirements** effective on July 1, 2018.

All students must be in compliance with these **NEW immunization requirements**.

We are encouraging you to begin the process of determining IF your child needs these vaccines now because it is recommended that there be 6 months between the first and second doses.

Therefore, PLEASE DO NOT postpone this process until summer for that reason.

As school health nurses, we are compiling a list of students who already meet these **NEW immunization requirements**.

If you have any questions, please call any of us at the following numbers during school hours:

Kathryn Winn Primary: Katrina Lipe, LPN	732-7090
Cartmell Elementary: Sherry Stamper, RN	732-7085
Carroll County Middle School: Lindsay Noble, LPN	732-7080
Carroll County High School: Catherine Towles, LPN	732-7075

Sincerely,

Sherry Stamper, RN

A handwritten signature in blue ink that reads "Sherry Stamper, RN".

District Health Coordinator  
Carroll County School District

Mark Willhoite

A handwritten signature in blue ink that reads "Mark Willhoite".

Director of Pupil Personnel  
Carroll County School District



**CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR PUBLIC HEALTH**

**Matthew G. Bevin**  
Governor

275 East Main Street, HS1GWA  
Frankfort, KY 40621  
502-564-3970  
Fax: 502-564-9377  
[www.chfs.ky.gov/dph](http://www.chfs.ky.gov/dph)

**Vickie Yates Brown Glisson**  
Secretary

October 9, 2017

Dear Parent or Guardian:

Re: New Kentucky Immunization Requirements for Middle/Junior High School Entry

A recent amendment to the Kentucky Administrative Regulation on the Immunization schedules for attending school added new immunization requirements for the school year beginning on or after July 1, 2018:

- Effective July 1, 2018, all students in kindergarten through twelfth grade must show proof of having received two doses of Hepatitis A vaccine to attend school.

To meet this requirement, a current Certificate of Immunization Status must be provided to the school showing the dates your child received the two doses of Hepatitis A vaccine. If your child has already received two doses of Hepatitis A vaccine, he or she will not be required to receive the series again.

Acute hepatitis A disease has been in the news in the last several months because of a large outbreak in California caused by the contagious and easily spread hepatitis A virus. Most children with hepatitis A infection have no characteristic symptoms but can easily spread the virus to others. Children with acute hepatitis A disease can have fever, fatigue, loss of appetite, nausea, vomiting, joint pain, stomach pains and diarrhea, or jaundice. Acute liver failure and/or death can occur in the most severe cases.

Hepatitis A vaccine is highly effective in preventing acute hepatitis A. Hepatitis A vaccine is available from your doctor, clinic or healthcare provider and is covered as a no-cost preventive service by most health insurance plans when administered by network providers. All local health departments administer Hepatitis A vaccine, especially for children who do not have health insurance. If your child is not up-to-date on immunizations, please contact your healthcare provider or local health department to schedule an appointment or to find out the hours when vaccines are given.

Online information about Hepatitis A vaccine is available from the Centers for Disease Control and Prevention, <https://www.cdc.gov/vaccines/vpd/hepa/index.html>.

Sincerely,

Handwritten signature of Jonathan Ballard, MD.

Jonathan Ballard, MD, MPH, MPhil  
State Public Health Epidemiologist and Director  
Division of Epidemiology and Health Planning

# COMMONWEALTH OF KENTUCKY CERTIFICATE OF IMMUNIZATION STATUS

Certificate Issuing Office Name and Address

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	/ /	/ /	/ /	/ /	
Alt. Adult Hepatitis B <sup>1</sup>	/ /	/ /		/ /	/ /
DTaP/DTP/DT <sup>2</sup>	/ /	/ /	/ /	/ /	/ /
Hib <sup>3</sup>	/ /	/ /	/ /	/ /	
Pneumococcal (PCV13)	/ /	/ /	/ /	/ /	
Polio	/ /	/ /	/ /	/ /	/ /
MMR	/ /	/ /			
Varicella	/ /	/ /	Had Chickenpox or Zoster Disease Yes No		/ /
Hepatitis A	/ /	/ /			
Meningococcal	/ /	/ /			
Td	/ /	/ /			
Tdap	/ /	/ /			
Rotavirus	/ /	/ /	/ /		
HPV	/ /	/ /	/ /		
Men B	/ /	/ /	/ /		
Pneumococcal (PPSV23)	/ /	/ /			

<sup>1</sup>Alternative two dose series of approved adult hepatitis B vaccine for adolescents 11 through 15 years of age. <sup>2</sup>DTaP, DTP, or DT. <sup>3</sup>Hib not required at 5 years of age or more.

- This child is current for immunizations until \_\_/\_\_/\_\_, (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.**

\_\_\_\_\_  
(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.**

