

KANSAS OFFICE *of*
REVISOR *of* STATUTES

LEGISLATURE *of* THE STATE *of* KANSAS
Legislative Attorneys transforming ideas into legislation.

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MEMORANDUM

To: Special Committee on Government Overreach and Impact of COVID-19 Mandates
From: Office of Revisor of Statutes
Date: Friday, November 12, 2021
Re: Overview of exemptions from educational vaccination requirements in Kansas

I. K-12

Kansas statutes impose vaccination and other health requirements for children enrolling in schools and preschool or day care programs operated by schools.¹ The statute provides that the secretary of health and environment may determine which tests and inoculations are deemed necessary for this purpose.²

The statute provides for exemptions from these vaccination requirements. A student requesting an exemption must provide the school with: 1) An annual written statement signed by a licensed physician that the required tests or inoculations would seriously endanger the life or health of the student; or 2) a written statement signed by one parent or guardian that the student is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations.

The Kansas Department of Health and Environment provides a uniform medical exemption form for use by school districts. No state agency provides a uniform religious exemption form. Some school districts have developed and provide an official form. Other school districts do not provide an official form but do require a written statement signed by a parent. Some examples of these forms are attached to this memorandum.

II. COLLEGES AND UNIVERSITIES

The only provision of the Kansas Statutes Annotated that specifically governs vaccinations and exemptions in colleges and universities relates to meningitis.³ The statute requires that each college and university have policies and procedures to require all incoming students residing in

¹ K.S.A. 72-6262.

² The secretary of health and environment has adopted rules and regulations to specify the required vaccinations. See K.A.R. 28-1-20. A substantially similar requirement is imposed for maternity centers and child care facilities. See K.S.A. 65-508(g).

³ K.S.A. 76-761a.

student housing be vaccinated for meningitis. These policies must include appropriate waiver procedures for students who refuse to take the vaccine, but the statute does not speak specifically to the reason for the refusal.

Any other vaccination policies are determined by the governing body of each college or university. Some examples of these policies and forms are attached to this memorandum.

**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):

- | | |
|---|--|
| <input type="checkbox"/> DTaP/DT | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Tdap/Td | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Pertussis Only | <input type="checkbox"/> Pneumococcal Conjugate |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Meningococcal Conjugate |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Varicella |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Human Papillomavirus |
| <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Other: _____ |

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: _____

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.



Kansas Immunization Law Religious Exemption Form

As per Kansas Statute 72-5209, all children upon entry into a Kansas school must be appropriately vaccinated. Immunization requirements and recommendations are based on the Advisory Committee of Immunization Practices (ACIP) recommendations and the consensus of the Governor's Child Health Advisory Committee Immunization Workgroup. K.A.R. 28-1-20 defines immunizations required for any individual who attends school or early childhood programs operated by a school. Children with religious exemptions shall be permitted to attend school except in the case of a vaccine-preventable disease outbreak in the school. All susceptible students will be excluded from school based on public health officials' determination that the school is a primary site for disease exposure, transmission and spread into the community. Students excluded from school for this reason will not be able to return to school until

- (1) the danger of the outbreak has passed as determined by local public health officials,
- (2) the student becomes ill with the disease and completely recovers, or
- (3) the student is immunized.

Parents or guardians seeking an exemption on the basis that immunizations would be contrary to religious beliefs of the child should complete the following statement and return it to the school nurse on an annual basis.

To Whom It May Concern:

As the parent/guardian of _____
(Name of Student)

I hereby assert that this student is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations, therefore, this child shall be exempt from the required immunizations under Section 72-5209 of Kansas Statute and shall be permitted to attend school **except in the case of a vaccine-preventable disease outbreak in the school.**

(Signature of Parent-Guardian)

(Date)

(Address)

(Phone)

Religious Exemption from Immunizations

Child Name: _____

School Year: _____

My child is an adherent of a religious denomination whose religious teachings are opposed to such tests or inoculations that are required by Kansas state law for school entry.

I am aware that in the event of an outbreak or suspected case of a vaccine-preventable disease, my child shall be excluded from school for the entire incubation period of the disease.

Exclusion Periods (Incubation Time) for Various Immunizations:

Diphtheria - 6 days

Mumps - 25 days

Tetanus - 21 days

Polio - 35 days

Pertussis - 20 days

Rubella - 21 days

Hepatitis B- 160 days

Measles - 12 days

Varicella (chickenpox) - 21 days

Hepatitis A - 50 days

Parent Name (please print) _____

Parent Signature _____ Relationship to child _____

Date: _____

FORT HAYS STATE UNIVERSITY MENINGITIS POLICY

Fort Hays State University requires all students living in University Housing or Greek Housing to receive the meningitis vaccination or sign a waiver indicating their knowledge of the risks of bacterial meningitis and their decision to not be vaccinated. It is also strongly recommended that all other students become knowledgeable about meningitis and consider vaccination in order to reduce their risk. Students may provide proof of vaccination from their primary care provider or receive the vaccine at the Student Health Center.

Non-compliant students will be placed on administrative HOLD and will remain on administrative HOLD until compliance is documented with the Student Health Center. "Administrative HOLD" means that the student is unable to enroll for the following semester. Immunization status will be maintained at the Student Health Center.

MENINGITIS RESERVATION/WAIVER FORM

Name _____

SS#/ID# _____ Date of Birth _____

FHSU Address _____

Phone # _____ Cell # _____

Email address _____

Please reserve a dose of meningitis vaccine for me. I will receive the vaccine on move in day clinic or at the Student Health Center (circle one). Please enclose payment of \$85.00 or plan to pay at the time the injection is given. You will also be required to complete your health history form prior to receiving the vaccine. You may either complete it online at www.fhsu.edu/studenthealth/form.shtml or you may complete it in person prior to receiving the vaccine. Please bring your other immunization dates with you so we can verify them as well.

I have already received the vaccine.

Type of vaccine given _____

Date vaccine given _____

Provider name _____

Provider address/phone _____

Proof of vaccination must be enclosed.

I have read the letter and information on Meningococcal Meningitis and I am aware of the availability of the vaccine. I am also aware that I am at increased risk of getting the disease. I have decided not to be vaccinated against meningitis.

Signature _____

Date _____

Immunization Compliance Policy

Pittsburg State University is committed to protecting the health and well-being of our students. Therefore, PSU has implemented an Immunization Compliance ([hyperlink](#)) policy to ensure that students are educated about and receive vaccinations to prevent potentially serious and contagious diseases.

In accordance to Pittsburg State University's Immunization Compliance policy, Bryant Student Health Center (BSHC) **must** receive evidence of the student's compliance with the following immunizations. In the absence of this evidence an enrollment hold will be applied and the student will be unable to enroll in subsequent semesters.

- **Measles, Mumps & Rubella (MMR):** ALL newly enrolled freshman, transfer, graduate & international students born on or after January 1, 1957 must show proof of **TWO** MMR vaccinations at least 28 days apart. These are typically received between one and five years of age. History of the disease is not sufficient for compliance unless it is accompanied by documentation of a positive blood titer.
- **Meningitis:** ALL newly enrolled PSU students living in university-owned group housing are required to be vaccinated for meningitis within the past five (5) years. If the vaccination was received greater than 5 years ago, a booster dose will be necessary.

Prior to the first day of classes, students must submit their immunization history using our Proof of Immunization Compliance form ([hyperlink](#)). This form may be completed and signed by a medical provider in the paper format, **OR** you may attach an official copy of your immunization record from a medical office, high school immunization record, childhood immunization booklet, etc. to the completed form. You should include your date of birth and seven digit PSU ID# on **ALL** the submitted forms.

This information should then be submitted in one of these ways:

- Turning it in at Pitt C.A.R.E.S./New Student Orientation, or
- Faxing to: (620) 235-4455, or
- Bringing to PSU Bryant Student Health Center upon campus arrival,
- Emailing to: healthctr@pittstate.edu
- Mailing to: Bryant Student Health Center, Pittsburg State University, 1701 South Broadway, Pittsburg, KS 66762.

If questions remain, please contact the Bryant Student Health Center at (620) 235-4452.

DEADLINE FOR SUBMITTING: SEPTEMBER 1ST FOR FALL SEMESTER ENROLLEES; JANUARY 1ST FOR SPRING SEMESTER ENROLLEES

NOTE: Without this evidence of compliance an enrollment HOLD will be applied and your student will be unable to enroll in subsequent semesters.

Your assistance in this requirement is greatly appreciated!

Proof of Immunization Compliance

**MUST BE COMPLETED BY A HEALTH CARE PROVIDER OR OFFICIAL COPY OF IMMUNIZATION RECORDS
 MUST BE ATTACHED TO THIS COMPLETED FORM**

**Official copies may be obtained from a physician's office or a school transcript that contains the information.*

PART 1 – COMPLETED BY STUDENT

PATIENT NAME: (PLEASE PRINT)

LAST _____ FIRST _____ MI _____ PSU ID# _____

CONTACT PHONE: _____ DATE OF BIRTH: _____ LIVING ON CAMPUS? Yes No

IN THE ABSENCE OF COMPLETING THIS FORM, AN ENROLLMENT HOLD WILL BE APPLIED AND THE STUDENT WILL BE UNABLE TO ENROLL IN SUBSEQUENT SEMESTERS.

PART 2 – MUST BE COMPLETED BY A HEALTH CARE PROVIDER

REQUIRED FOR ALL STUDENTS	MEASLES, MUMPS, RUBELLA (MMR) <u>Required</u> for all newly enrolled or reenrolled PSU students who were born on or after January 1, 1957		
	#1: Must be on, or after 1st (first) Birthday. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	#2: Must be after 1979 and at least 28 days after 1 st (first) MMR. MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	OR: SEROLOGICAL CONFIRMATION OF IMMUNITY: <i>Attach copy of lab result.</i>
REQUIRED FOR HOUSING STUDENTS	MENINGOCOCCAL MENINGITIS <u>Required</u> for All Students Living in PSU University Housing.		
	Meningitis vaccine must have been administered within past 5 (five) years. If the first dose (or series) is given after the 16th birthday, a booster is not needed. Must receive either MCV4 or MPSV4 to meet these requirements. Other meningitis vaccinations are not accepted. MENVEO®/MENACTRA® - MCV4 OR: MENOMUNE® - MPSV4 Date of most recent dose: ____/____/____ Date of most recent dose: ____/____/____ <div style="display: flex; justify-content: space-around; width: 100%;"> M D Y M D Y </div>		
**WAIVER OPTION: FOR MEDICAL OR RELIGIOUS EXEMPTION, THE STUDENT WILL BE REQUIRED TO MEET WITH THE BSHC DIRECTOR OF OPERATIONS BEFORE THE WAIVER IS GRANTED.			
RECOMMENDED FOR ALL STUDENTS	TETANUS, DIPHTHERIA, PERTUSSIS (TDAP/DTAP/ADACEL) Recommended for All Students.		
	Date of most recent booster dose: ____/____/____ <div style="display: flex; justify-content: center; gap: 20px;"> M D Y </div> Type of booster: <input type="checkbox"/> Td <input type="checkbox"/> Tdap		
Healthcare Provider Name (Printed)		Healthcare Provider Address	
Healthcare Provider Signature		Healthcare Provider Phone Number	

Return completed form to the Bryant Student Health Center – by mail or fax to (620) 235-4455

IMMUNIZATION HISTORY

Must be completed by a Physician or Nurse OR Official Copy of Immunization Records must be attached

PATIENT NAME: (PLEASE PRINT)

LAST _____ FIRST _____ MIDDLE _____ KU ID# _____

MAIDEN NAME / OTHER _____ DATE OF BIRTH _____ PHONE: _____

I. REQUIRED FOR ALL NEWLY ENROLLED OR RE-ENROLLED KU STUDENTS WHO WERE BORN ON OR AFTER JANUARY 1, 1957:

MEASLES, MUMPS, RUBELLA (MMR) VACCINE		
#1. Must be no earlier than 4 days before 1 st birthday. MM/DD/YYYY MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	#2. Must be after 1979 and a least 28 days after 1 st MMR. MM/DD/YYYY MMR: _____ OR: Measles: _____ Mumps: _____ Rubella: _____	OR: Serological Confirmation of Immunity: Attach copy of lab report showing both numerical value and reference range.

2. REQUIRED FOR ALL STUDENTS LIVING IN UNIVERSITY GROUP HOUSING UNITS:

MENINGOCOCCAL MENINGITIS VACCINE	
Must receive either <u>MCV4</u> or <u>MPSV4</u> to meet requirements. NO other meningitis vaccinations are accepted.	
Meningitis vaccine must have been administered within past 5 (five) years.	
MENVEO® / MENACTRA® MCV4 MM/DD/YYYY: _____	OR: MENOMUNE® -- MPSV4 MM/DD/YYYY: _____

3. RECOMMENDED IMMUNIZATIONS: (PLEASE REPORT ALL THAT THE PATIENT HAS RECEIVED)

COVID-19	Pfizer-BioNTech MM/DD/YYYY: _____ MM/DD/YYYY: _____	Moderna MM/DD/YYYY: _____ MM/DD/YYYY: _____	Janssen (Johnson & Johnson) MM/DD/YYYY: _____		
Meningococcal Group B Vaccine (Is not a substitute for #2 above)	BEXSERO® MM/DD/YYYY: _____ MM/DD/YYYY: _____	OR: TRUMENBA® MM/DD/YYYY: _____ MM/DD/YYYY: _____ MM/DD/YYYY: _____			
DPT / TDAP <small>Primary series Dtap, DPT or Td and booster with Td or Tdap in last 10 years meets recommendation</small>	#1 MM/DD/YYYY	#2 MM/DD/YYYY	#3 MM/DD/YYYY	#4 MM/DD/YYYY	Date of last booster Td _____ OR Tdap _____
Hepatitis A Series	#1 MM/DD/YYYY	#2 MM/DD/YYYY			
Hepatitis B Series	#1 MM/DD/YYYY	#2 MM/DD/YYYY	#3 MM/DD/YYYY	Titer Results: MM/DD/YYYY	Attach lab result
Hepatitis A / B Combined	#1 MM/DD/YYYY	#2 MM/DD/YYYY	#3 MM/DD/YYYY		
Human Papillomavirus (HPV)	#1 MM/DD/YYYY	#2 MM/DD/YYYY	#3 MM/DD/YYYY	#4 MM/DD/YYYY	
Polio <small>Primary childhood series meets recommendation</small>	#1 MM/DD/YYYY	#2 MM/DD/YYYY	#3 MM/DD/YYYY	#4 MM/DD/YYYY	
Varicella (Chicken Pox)	#1 MM/DD/YYYY	#2 MM/DD/YYYY	Titer Results: MM/DD/YYYY Attach lab result	History of Disease: MM/DD/YYYY	

PROVIDER VERIFICATION: To the best of my knowledge, the above information is accurate:

Physician / Nurse Signature: _____ Date: _____

WAIVER OF MENINGOCOCCAL MENINGITIS IMMUNIZATION

Meningitis Immunization Policy for The University of Kansas – Lawrence Campus

To reduce the spread of bacterial meningitis among the student population, the Kansas Board of Regents requires all incoming students residing in university housing to be vaccinated for meningitis. Non-compliant students will be placed on administrative Hold following the first week of classes and remain on administrative Hold until the compliance is documented with Watkins Health Services. Students will be unable to enroll for the following semester until the Hold is released. Furthermore, it is strongly recommended that students living in other forms of housing such as sorority/fraternity houses, Naismith Hall, or residential apartments receive the vaccination.

Frequently Asked Questions about Meningococcal Meningitis:

What is meningococcal meningitis?

This is a severe bacterial infection of the bloodstream and the lining covering the brain and spinal cord. Isolated events usually occur, but clusters of cases or outbreaks are also possible.

Who gets meningococcal meningitis?

Anyone can get meningococcal meningitis, but it is more common in young adults living in group housing.

How is meningitis spread?

The meningococcus organism is spread by direct contact with nasal or throat secretions of an infected person. Many people carry this organism in their nose and throat without any signs of illness.

What are the symptoms?

Sudden onset of fever, headache, vomiting, stiff neck and rash. Patients who recover may have complications of permanent damage to the nervous system and/or loss of limbs. Death occurs in 10% of the cases.

How soon do the symptoms appear?

The symptoms may appear three to seven days after exposure.

When and for how long is an infected person able to spread the diseases?

From the time a person is first infected until the organism is no longer present in the nose and throat. The duration varies among individuals and with the treatment used.

Should people who have been in contact with a diagnosed case of meningococcal meningitis be treated?

People who have been in close contact should be considered for preventive treatment. Casual contact as might occur in a regular classroom is not usually significant enough to cause concern. People who think they have been exposed to a meningococcal infection should contact Watkins Health Services or the local health department to discuss whether they should receive preventative treatment.

Is there a vaccine currently available to prevent meningococcal meningitis?

Yes, there are vaccines that will protect against strains of the meningococcus organism.

I have chosen not to be immunized. My signature signifies that I have read the material above on meningitis.

(By signing I acknowledge that I will be required to meet with the WHS Medical Director before my waiver will be considered.)

Signature of Student – REQUIRED

KU ID Number

Date

Signature of Parent or Guardian, if student is under 18 years of age

Date

Signature of Watkins Health Services Medical Director

Date

EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION

STATEMENT OF EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION

In the event of an outbreak, unimmunized persons will be subject to exclusion from school for 21 days or more. If your religious beliefs preclude inoculation, you are required to meet with the WHS Medical Director before your exemption will be considered.

• **MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions. Please specify physical or medical condition:

Signature of Medical Professional

Business Phone

Date

• **TEMPORARY MEDICAL EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Pregnancy is justification for a temporary medical exemption only. Are you pregnant? YES – Expected Due Date: _____

Signature of Student – REQUIRED

KU ID Number

Date

• **RELIGIOUS EXEMPTION TO MEASLES MUMPS RUBELLA IMMUNIZATION**

Based upon my religious belief, I oppose receiving this immunization.

Signature of Student – REQUIRED

KU ID Number

Date

Signature of Watkins Health Services Medical Director

Date