

Kentucky Immunization Registry (KYIR) Public Portal

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Kentucky Public Health
Prevent. Promote. Protect.



TEAM 
KENTUCKY[®]

CABINET FOR HEALTH
AND FAMILY SERVICES

KYIR Public Portal Gets A New Look

Monday, March 4, 2024

Let's get started!

You can request a vaccination record for yourself or your legal dependent.

Who is the request for?

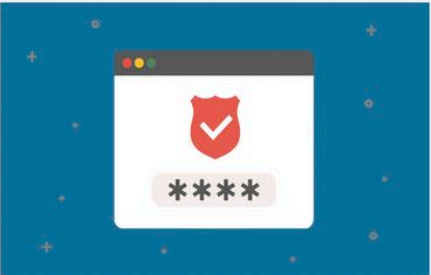
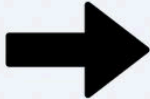
Me Dependent

What to Expect



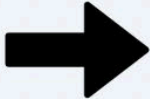
Enter Info

Enter your personal information.



Verify Your Identity

Receive a text or email to confirm your identity.



View Immunizations

Access your vaccination record.

HELP!

Help



To use the Public Access Portal

- Allow this page to generate pop-ups (do not block pop-ups).
- If not already installed, install Adobe Acrobat Reader (used to view the Official Immunization Record). Download for free at <http://get.adobe.com/reader/>

Click on the following links for KYIR public portal information and support:

- Visit [KYIR Patient Portal Information](#) for step by step instructions, YouTube videos, and information on using the KYIR public portal.
- If you are unable to access your (or your minor child's) record, please [complete this online form](#) for assistance.

Close

Who is the request for?

Dependent

Who is the request for?

- Me Dependent

Enter Information

Please complete the fields below with your dependent's information. Make sure the information is entered exactly how it is documented at their health care provider. An exact match is required to obtain your dependent's immunization record.

All fields marked with * are required.

First Name *

Last Name *

Date of Birth (MM/DD/YYYY) *

Gender *



Verify Your Identity

As the legal guardian or parent of the dependent you entered above, please enter your email or mobile phone number to verify your identity. Your information must be an exact match to what your dependent's health care provider has on file.

- Mobile Phone Email

Get Access Code

Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.

Me

Who is the request for?

- Me Dependent

Enter Information

Please complete the fields below with your information. Make sure the information is entered exactly how it is documented at your health care provider. An exact match is required to obtain your immunization record.

All fields marked with * are required.

First Name *

Last Name *

Date of Birth (MM/DD/YYYY) *

Gender *

Verify Your Identity

Please enter your email or mobile phone number to verify your identity. Your information must be an exact match to what your health care provider has on file.


- Mobile Phone Email


Get Access Code


Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.


IMMUNIZATION RECORD:

When you are logged in to the public portal, you have the option of downloading your full record, school certificate, or proof of COVID-19 vaccination


[Download Full Record](#)


[Download School Certificate](#)


[Download COVID-19 Record](#)


[View COVID-19 QR Code](#)

SIMPSON, BART DATE OF BIRTH: 04/05/2007 AGE: 16 Years 9 Months 20 Days GENDER: Male

! = Invalid Dose ⓧ = Dose determined invalid by provider

Dose #	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
DTaP / TD / Tdap			
1	DTaP-IPV-Hib-HepB (Vaxeli	06/15/2007	0 years 2 months 10 days
2	DTaP-IPV-Hib-HepB (Vaxeli	08/18/2007	0 years 4 months 13 days
3	DTaP-IPV-Hib-HepB (Vaxeli	10/23/2007	0 years 6 months 18 days
4	DTaP (Infanrix)	07/07/2008	1 years 3 months 2 days
5	DTaP-IPV (Kinrix)	04/15/2011	4 years 0 months 10 days
6	Tdap, Adsorbed	04/05/2017	10 years 0 months 0 days
Hep A			
1	Hep A, ped/adol, 2D	04/05/2008	1 years 0 months 0 days
2	Hep A, ped/adol, 2D	10/05/2008	1 years 6 months 0 days
Hep B			
1	Hep B, ped/adol	04/05/2007	0 years 0 months 0 days
2	DTaP-IPV-Hib-HepB (Vaxeli	06/15/2007	0 years 2 months 10 days

You may access the KYIR Public Portal via the link or QR code below.

chfs.ky.gov/KDPHMyVaxRecord



Thank you!