



**MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
PARENT/GUARDIAN IMMUNIZATION EXEMPTION FORM**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF
NAME OF CHILD (PRINT OR TYPE)

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):
 DTP/Td POLIO MEASLES MUMPS RUBELLA HbCV (Hib)

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
 2. Unimmunized children are subject to exclusion from child care and school when outbreaks of vaccine-preventable diseases occur.

PARENT/GUARDIAN NAME (PRINT OR TYPE) PARENT/GUARDIAN SIGNATURE DATE

MO 582-0958 (3-91)

Imm P. 11 (R3-91)



**MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
MEDICAL IMMUNIZATION EXEMPTION FORM**

FOR DOCTORS OF MEDICINE OR
DOCTORS OF OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT
NAME OF PATIENT (PRINT OR TYPE)

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:
 The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)
 In my medical judgment, the immunization(s) checked would endanger the child's health or life.
 DTP/Td POLIO MEASLES MUMPS RUBELLA HbCV (Hib)

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
 2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.

PHYSICIAN NAME (PRINT OR TYPE) PHYSICIAN REGISTRATION NO.
 SIGNATURE OF PHYSICIAN DATE

MO 580-0807 (4-91)

Imm P. 12 (R4-91)



**MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
IMMUNIZATIONS IN PROGRESS FORM**

FOR PHYSICIANS AND
PUBLIC HEALTH NURSES ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT NAME OF CHILD (PRINT OR TYPE)

received the following immunization(s) on _____ at _____ reported by State Immunization Laws
 DTP Td POLIO HbCV (Hib) Other _____
 MMR MMR MEASLES MUMPS RUBELLA

and is scheduled to return on _____ for the following immunization(s) _____
(MONTH/DAY/YEAR)

NOTE: This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the Missouri Department of Health Immunization Schedule.

PHYSICIAN NAME (PRINT OR TYPE) PHYSICIAN SIGNATURE
 PUBLIC HEALTH NURSE NAME DATE CITY OR COUNTY OF ASSIGNMENT

MO 580-0828 (7-91)

Imm P. 14 (R7-91)



1994 DAY CARE IMMUNIZATION STATUS REPORT



As mandated by Missouri State Law, Section 210.003 RSMo (Cum. Supp. 1989), each administrator of a public, private, parochial day care center, preschool or nursery school caring for ten (10) or more children shall have a record prepared showing the immunization status of every child enrolled in or attending a facility under his jurisdiction. The child care administrator shall make this report annually to the Department of Health, no later than January 15.

Immunization information is required in eight categories: diphtheria, tetanus, pertussis, polio, Haemophilus influenzae b (Hib), measles, mumps and rubella. This report must be sent to the Missouri Department of Health, Bureau of Immunization, P.O. Box 570, Jefferson City, MO 65102. (314) 751-6133 by January 15.

I NAME OF FACILITY _____ COUNTY _____
ADMINISTRATOR/OWNER _____ FACILITY TELEPHONE NUMBER _____

II IMMUNIZATION REQUIREMENTS FOR CHILDREN ENROLLED IN CHILD CARE FACILITIES

Table with columns for AGE, DOSES, and HOURS OF OPERATION. Includes rows for 3 thru 4 months, 5 thru 6 months, 7 thru 15 months, 16 thru 59 months, and 5 years to kindergarten entry.

Main data table with columns for Age Groups of Preschool Children Enrolled, DTP, OPV, Hib, MMR, and V. Rows include age groups from 0 thru 2 months to 5 years to kindergarten entry, and summary rows VI, VII, and VIII.

VIII PREPARED BY _____ TITLE _____ DATE _____
MO 560-1328 (11-85) HARP 33



MISSOURI STATUTE REQUIRING IMMUNIZATION OF CHILDREN IN DAY CARE

210.003. Immunizations of children required, when, exceptions--duties of administrator, report.

1. No child shall be permitted to enroll in or attend any public, private or parochial day care center, preschool or nursery school caring for ten or more children unless such child has been adequately immunized against vaccine-preventable childhood illnesses specified by the department of health in accordance with recommendations of the Immunization Practices Advisory Committee (ACIP). The parent or guardian of such child shall provide satisfactory evidence of the required immunizations.

2. A child who has not completed all immunizations appropriate for his age may enroll if:

1) Satisfactory evidence is produced that such child has begun the process of immunization. The child may continue to attend as long as the immunization process is being accomplished according to the ACIP/Missouri department of health recommended schedule; or

2) The parent or guardian has signed and placed on file with the day care administrator a statement of exemption which may be either of the following:

(a) A medical exemption, by which a child shall be exempted from the requirements of this section upon certification by a licensed physician that such immunization would seriously endanger the child's health or life; or

(b) A parent or guardian exemption, by which a child shall be exempted from the requirements of this section if one parent or guardian files a written objection to immunization with the day

care administrator. Exemptions shall be accepted by the day care administrator when the necessary information as determined by the department of health is filed with the day care administrator by the parent or guardian. Exemption forms shall be provided by the department of health.

3. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the department of health or both the local health authority and the department of health, as established in Rule 19 CSR 20-20.040, "Measures for the Control of Communicable Diseases."

4. The administrator of each public, private or parochial day care center, preschool or nursery school shall cause to be prepared a record of immunization of every child enrolled in or attending a facility under his jurisdiction. An annual summary report shall be made by January fifteenth showing the immunization status of each child enrolled, using forms provided for this purpose by the department of health. The immunization records shall be available for review by department of health personnel upon request.

5. For purposes of this section, satisfactory evidence of immunization means a statement, certificate or record from a physician or other recognized health facility or personnel, stating that the required immunizations have been given to the child and verifying the type of vaccine and the month, day and year of administration.

6. Nothing in this section shall preclude any political subdivision from adopting more stringent rules regarding the immunization of preschool children.

Effective September 1, 1988

RSMo (Supp. 1988)

MISSOURI DEPARTMENT OF HEALTH
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis