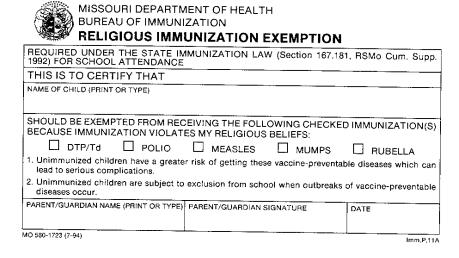
MISSOURI DEPARTMENT OF HEALT BUREAU OF IMMUNIZATION		FOR DOCTORS OF MEDICINE OR
MEDICAL IMMUNIZATION E	XEMPTION FORM	DOCTORS OF OSTEOPATHY ONLY
REQUIRED UNDER THE STATE IMMUNIZATION Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, I	LAWS (Section 167.181 a DAY CARE AND NURSER	ind Section 210.003, RSMo Y SCHOOL ATTENDANCE
THIS IS TO CERTIFY THAT		
NAME OF PATIENT (PRINT OR TYPE)		
Unimmunized children have a greater risk of gett to serious complications.     Unimmunized children are subject to exclusion of vaccine-preventable diseases occur.	munity to the disease. (Attach ecked would endanger the condition of the condition of the condition of the condition of these vaccine-preventations.)	the lab slip to this form.) child's health or life,  HbCV (Hib) ble diseases which can lead
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 H	EALTH
BUREAU OF IMMUNIZATION IMMUNIZATIONS IN PROGE	FOR PHYSICIANS AND PUBLIC HEALTH NURSES ONLY
REQUIRED UNDER THE STATE IMMUNIZA Cum. Supp. 1990) FOR SCHOOL, PRESCHO	TION LAWS (Section 167.181 and Section 210.003, RSMo DOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE
THIS IS TO NAME OF CHILD (PRINT OR T	YPE)
received the following immunization(s) on	as required by State Immunization Laws
	HbCV (Hib) ☐ Other MUMPS ☐ RUBELLA
and is scheduled to return on MONTH/DAY/YEA	for the following immunization(s)
NOTE: This child is in compliance with Missouri Imm immunization(s) at the correct intervals according to the	nunization Laws as long as he/she continues to receive the appropriate e Missouri Department of Health Immunization Schedule.
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN SIGNATURE
PUBLIC HEALTH NURSE NAME DA	TE CITY OR COUNTY OF ASSIGNMENT
MO 580-0828 (7-91)	Imm.P.14 (R7-91)