



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

RELIGIOUS IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAW (Section 167.181, RSMo Cum. Supp. 1992) FOR SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT

NAME OF CHILD (PRINT OR TYPE)

SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATION VIOLATES MY RELIGIOUS BELIEFS:

DTP/Td POLIO MEASLES MUMPS RUBELLA

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 school when outbreaks of vaccine-preventable diseases occur.

PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE
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MO 580-1723 (7-94)

Imm.P.11A



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 _____ as required by State Immunization Laws

MONTH/DAY/YEAR

DTP Td POLIO HbCV (Hib) Other _____

MMR MR MEASLES MUMPS RUBELLA

and is scheduled to return on _____ for the following immunization(s) _____

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	CITY OR COUNTY OF ASSIGNMENT
DATE	

MO 580-0828 (7-91)

Imm.P.14 (R7-91)