



**MISSOURI
IMMUNIZATION RECORD**
OFFICIAL DOCUMENT

Retain this document as proof of immunizations. According to Missouri law, your child must meet the State of Missouri immunization requirements to be enrolled in school or child care.

VACCINE	MO/DAY/YR	PHYSICIAN/CLINIC
DTP, DTP or DT	11-19-09	Bolivar Medical Center
Diphtheria	3-2-09	Bolivar Medical Center
Tetanus	5-13-09	PHMC
Polio	6-28-11	Gras
(Whooping Cough)		
Specify if DT		
POLIO	11-19-09	Bolivar Medical Center
Specify	3-2-09	Bolivar Medical Center
IPV or OPV	5-13-09	PHMC
	6-28-11	Gras
HAEMOPHILUS	11-19-09	Bolivar Medical Center
INFLUENZAE	3-2-09	Bolivar Medical Center
(Type b (Hib))	5-13-09	PHMC
	6-28-11	Gras
TIBIG		
HEPATITIS B	10-24-08	Bolivar Medical Center
(Adult type)	11-19-09	Bolivar Medical Center
	10-28-11	Gras
	11-10-11	Gras
PNEUMOCOCCAL	11-19-09	Bolivar Medical Center
CONJUGATE	3-2-09	Bolivar Medical Center
	5-13-09	PHMC
	11-2-09	DEMC
MMR	11-2-09	DEMC
VARICELLA	11-2-09	DEMC
(Chickenpox)		
HEPATITIS A	11-2-09	DEMC
	6-28-11	Gras
Adapted		
Infants, Diphtheria		
Adult		
Meningococcal		
Rotavirus		
HPV		
Human Papillomavirus		
OTHER		

NAME OF CHILD John Doe		
DATE OF BIRTH 11-11-2011	DCN (DEPARTMENT CLIENT NUMBER) 00000111	
NAME OF PARENTS OR LEGAL GUARDIAN John Doe's Mom		
ADDRESS 2300 HIGH STREET		
CITY NOWHERE	STATE 00	ZIP 44440

ALWAYS KEEP A RECORD
The immunization record plays a vital role in protecting the health of the individual throughout life, for health care providers, school, child care and employers.

Missouri Department of Health and Senior Services • P.O. Box 570
Jefferson City, MO 65102-0570

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Services provided on a nondiscriminatory basis.

If you desire a copy of this publication in an alternate form, contact the Department of Health and Senior Services' immunization program at 573-751-6124. Hearing-impaired citizens may contact the department by phone through Missouri Relay, 800-735-2966.

ALLERGIES / COMMENTS / VACCINE REACTIONS

VACCINE	DATE GIVEN MO / DAY / YR	PHYSICIAN / CLINIC
PNEUMOCOCCAL POLYSACCHARIDE (23 valent)		
INFLUENZA (annual) List mo / day / yr of each vaccine		

TUBERCULIN SKIN TEST			
DATE GIVEN MO / DAY / YR	DATE READ MO / DAY / YR	PHYSICIAN / NURSE SIGNATURE	RESULTS
			mm
			mm
			mm

LEAD SCREENING					
LEVEL	DATE	LEVEL	DATE	LEVEL	DATE

Good Copy of Immunization record

Bad Copy of Immunization record