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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
2016-2017 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

By January 15, 2017 this completed IMM.P.32 form must be forwarded to:
Missouri Department of Health and Senior Services
Bureau of Immunization Assessment & Assurance
P.O. Box 570
Jefferson City, MO 65102-0570
(573) 751-6124 toll free 1-800-219-3224
Fax: (573) 526-0238

Facility Name:
Address: Address2:
City: State: Zip:

Mailing Address Correct: ☐ Yes ☐ No
(If no, please make corrections on the label to the right)

County: DVN:

Phone: Email Address:

If 10 or more preschool age children (birth to school entry) are enrolled, complete entire report and return by January 15, 2017.

If less than 10 preschool age children (birth to school entry) are enrolled, check box and return report by January 15, 2017. ☐

2016-2017	PRESCHOOL AGE GROUPS				
	0 thru 2 months	3 thru 4 months	5 thru 6 months	7 thru 18 months	19 months to Kindergarten entry
NUMBER ENROLLED: PLEASE ENTER THE TOTAL NUMBER OF CHILDREN ENROLLED - BY AGE GROUP					
DTAP/DT	not applicable	1 dose	2 doses	3 doses	4+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
POLIO	not applicable	1 dose	2 doses	2 doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
HIB	not applicable	1 dose	1+ doses	2+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
HEPATITIS B	1 dose	2 doses	2 doses	2 or 3+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
PCV (Pneumococcal)	not applicable	1 dose	2 doses	3 doses	4 doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
MMR (MEASLES, MUMPS, RUBELLA)	not applicable				1 dose
Children fully immunized					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					
VARICELLA	not applicable				1 dose or proof of disease
Children fully immunized					
Children with proof of disease					
Children with medical exemption					
Children with parental exemption					
Children in noncomplinace with immunization record					
Children in noncomplinace without immunization record					

Prepared by: Title: Date: