



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.

NAME OF CHILD		
DATE OF BIRTH	DCN (DEPARTMENT CLIENT NUMBER)	
NAME OF PARENTS OR LEGAL GUARDIAN		
ADDRESS		
CITY	STATE	ZIP

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

Protect your child right from the start.

Immunization is the single most important way parents can protect their children against serious diseases.

Birth

2 Months

4 Months

6 Months

12-15 Months

15-18 Months

19-23 Months

4-6 Years

Hepatitis B	✓	✓	✓*	✓					
Diphtheria, Tetanus, Pertussis (DTaP)		✓	✓	✓				✓	
Haemophilus Influenzae B (Hib)		✓	✓	✓				✓	
Poliovirus (Polio)		✓	✓	✓					✓
Pneumococcal Conjugate (PCV)		✓	✓	✓					✓
Measles, Mumps, Rubella (MMR)		✓	✓	✓					✓
Varicella (Chickentopox)		✓	✓	✓					✓
Hepatitis A		✓	✓	✓					✓
Rotavirus (RV)		✓	✓	✓					✓
Influenza									✓

Some of these vaccines may be given in combination, meaning fewer shots. *If not given at birth. **Children 6 months through 8 years old who receive a flu vaccine for the first time should be given two doses, four weeks apart.

Can be given as early as 12 months, if there is six months since third dose.

Missouri's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP). For more information, please call the Missouri Department of Health and Senior Services, Bureau of Immunizations at 800.219.3224 or visit www.health.mo.gov/immunizations. AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Services provided on a nondiscriminatory basis.

Each flu season starting at 6 months. **

VACCINE	DATE GIVEN MO / DAY / YR	PHYSICIAN / CLINIC
DTaP, DTP, or DT Diphtheria, Tetanus, Pertussis (Whooping Cough) specify if DT	1	
	2	
	3	
	4	
	5	
POLIO Specify IPV or OPV	1	
	2	
	3	
	4	
	5	
HAEMOPHILUS INFLUENZAE type b (Hib)	1	
	2	
	3	
	4	
HBIG		
HEPATITIS B circle type	1	adult/ped
	2	adult/ped
	3	adult/ped
	4	adult/ped
PNEUMOCOCCAL CONJUGATE	1	
	2	
	3	
	4	
	5	
MMR (Measles, Mumps, Rubella)	1	
	2	
VARICELLA (Chickenpox)	1	
	2	
HEPATITIS A	1	
	2	
	3	
Tdap / Td Tetanus, Diphtheria, Pertussis Adult (every 10 yrs)	1	Tdap/Td
	2	Tdap/Td
	3	Tdap/Td
	4	Tdap/Td
Meningococcal	1	
	2	
Rotavirus	1	
	2	
	3	
HPV (Human Papillomavirus)	1	
	2	
	3	
OTHER _____ _____		