

## *The Immunization Status Summary Report Packet*

- 2020-2021 Missouri School Immunization Requirements previously
- Medical Exemption – *What You Need to Know* (Fact Sheet)
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- 2020-2021 Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children (Form)
- Completing the Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children (Instructions)
- Report of Students in Noncompliance with Missouri School Immunization Law Tool
  - Note: This report does not need to be returned. It can be used as a tool for tracking students that are in noncompliance with the Missouri School Immunization Law.
- Sample letter for students with missing immunizations or incomplete immunization records

## *Items that need to be returned by October 15, 2020*

- 2020-2021 Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children (Form)



# 2020-2021 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

| Vaccines Required for School Attendance       | Dose Required by Grade |    |    |    |    |    |    |    |    |    |    |    |    |
|---|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|
|   | K                      | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 |
| DTaP/DTP/DT <sup>1</sup>                      | 4+                     | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ |
| Tdap <sup>2</sup>                             |                        |    |    |    |    |    |    |    | 1  | 1  | 1  | 1  | 1  |
| MCV <sup>3</sup><br>(Meningococcal Conjugate) |                        |    |    |    |    |    |    |    | 1  | 1  | 1  | 1  | 2  |
| IPV (Polio) <sup>4</sup>                      | 3+                     | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| MMR <sup>5</sup>                              | 2                      | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  |
| Hepatitis B <sup>6</sup>                      | 3+                     | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| Varicella <sup>7</sup>                        | 2                      | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 2  | 1  | 1  |

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.  
**Maximum needed:** six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.  
Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-10 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.  
11-12 Grades: Last dose on or after the fourth birthday. Any combination of four doses of IPV and OPV constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.  
Kindergarten-10 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.  
11-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.





# MEDICAL EXEMPTION

## WHAT YOU NEED TO KNOW

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

Unimmunized children are at greater risk of exposure to vaccine-preventable diseases, some of which can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. This can cause hardship for the child and parent.

A student shall be exempted from the immunization requirements, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of disease or laboratory evidence of immunity to the disease.

The Medical Immunization Exemption card must be provided on an original Department of Health and Senior Services' form Imm.P.12 and placed on file with the school immunization health record or child care facility.

Immunizations may save your child's life.





# RELIGIOUS EXEMPTION

## WHAT PARENTS NEED TO KNOW

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; brain damage; and deafness.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be life-threatening.

Actively choosing not to immunize a child by claiming a religious exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from school during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming a religious exemption represents a parent or guardian's belief that the family's religious preference does not support immunizing against vaccine-preventable diseases.

A religious exemption can be filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Religious Immunization Exemption. The Religious Immunization Exemption card must be provided on an original Department of Health and Senior Services' form Imm.P.11A and shall be signed by the parent or guardian and placed on file with the school immunization health record.

It is unlawful for any child to attend school unless the child has been adequately immunized or unless the parent or guardian has signed and filed a Religious Immunization Exemption.

Immunizations may save your child's life.



Missouri Department of Health and Senior Services • Bureau of Immunizations • 800.219.3224

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER  
Services provided on a nondiscriminatory basis.  
Hearing- and speech-impaired citizens can dial 711.



# CHILDREN IN PROGRESS

## WHAT YOU NEED TO KNOW

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Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up-to-date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an in progress card and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress and is noncompliant and cannot attend child care or school.

The Immunizations In Progress card must be provided on an original Department of Health and Senior Services' form Imm.P.14. The in progress card must be signed by a physician, public health nurse or designee and filed with the school administrator or child care facility.

Immunizations may save your child's life.



# Missouri Immunization Exemptions



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**MEDICAL IMMUNIZATION EXEMPTION**

FOR USE BY PHYSICIANS, NURSES, OR OTHER HEALTH CARE PROVIDERS

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) OF CHILDREN ATTENDING PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE CENTER, PRESCHOOL, OR NURSERY SCHOOL OR CHILDREN

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

|  |                               |
|--|-------------------------------|
| <b>THIS IS TO CERTIFY THAT</b>   | NAME OF CHILD (PRINT OR TYPE) |
| IS EXEMPT FROM RECEIVING THE FOLLOWING IMMUNIZATION(S) BECAUSE:  |                               |
| <input type="checkbox"/> The child has documentation of disease or laboratory evidence of immunity to the disease. _____ (MONTH/YEAR)  |                               |
| <input type="checkbox"/> The physical condition of the above-named child is such that immunization would endanger their life or health or is medically contraindicated due to other medical conditions.  |                               |
| <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HIB <input type="checkbox"/> POLIO<br><input type="checkbox"/> PERTUSSIS <input type="checkbox"/> PNEUMOCOCCAL <input type="checkbox"/> POLIO<br><input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____ |                               |
| PHYSICIAN/PHYSICIAN'S DESIGNEE NAME (PRINT OR TYPE)  |                               |
| PHYSICIAN SIGNATURE  | DATE                          |

MO 580-0807 (6-12)

Imm.P. 12



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**RELIGIOUS IMMUNIZATION EXEMPTION**

Required under the Missouri State immunization law (Section 167.181, RSMo) of children attending public, private, and parochial or parish schools.

We strongly encourage you to immunize your child, but ultimately the decision is yours. Please discuss any concerns you have with a trusted healthcare provider or call the immunization coordinator at your local or state health department. Your final decision affects not only the health of your child, but also the rest of your family, the health of your child's friends and their families, classmates, neighbors, and community.

Unimmunized children have a greater risk of contracting and spreading vaccine-preventable diseases to babies who are too young to be fully immunized and those who cannot be immunized due to medical conditions. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

|  |                               |
|--|-------------------------------|
| <b>THIS IS TO CERTIFY THAT</b>   | NAME OF CHILD (PRINT OR TYPE) |
| SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATION IS AGAINST MY RELIGIOUS BELIEFS:  |                               |
| <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> MMR <input type="checkbox"/> PERTUSSIS<br><input type="checkbox"/> TETANUS <input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____ |                               |
| PARENT/GUARDIAN NAME (PRINT OR TYPE)   | PARENT/GUARDIAN SIGNATURE     |

MO 580-1723 (4-12)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**IMMUNIZATIONS IN PROGRESS**

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) OF CHILDREN ATTENDING PUBLIC, PRIVATE OR PAROCHIAL PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, children who are not fully immunized or do not have documented laboratory evidence of immunity shall not be allowed to attend school or day care until the local health authority declares the designated outbreak or health emergency has ended.

|   |                               |
|---|-------------------------------|
| <b>THIS IS TO CERTIFY THAT</b>  | NAME OF CHILD (PRINT OR TYPE) |
| received the following immunization(s) on _____ MONTH/DAY/YEAR as required by State Immunization Laws   |                               |
| <input type="checkbox"/> DIPHTHERIA <input type="checkbox"/> HEPATITIS B <input type="checkbox"/> HIB <input type="checkbox"/> MMR<br><input type="checkbox"/> PERTUSSIS <input type="checkbox"/> PNEUMOCOCCAL <input type="checkbox"/> POLIO <input type="checkbox"/> TETANUS<br><input type="checkbox"/> VARICELLA <input type="checkbox"/> OTHER _____ |                               |
| and is scheduled to return on _____ MONTH/DAY/YEAR  |                               |
| <b>NOTE:</b> This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive appropriate immunizations at the correct intervals according to the Advisory Committee on Immunization Practices (ACIP) recommendations.  |                               |
| PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE NAME (PRINT OR TYPE)   |                               |
| PHYSICIAN/PUBLIC HEALTH NURSE/DESIGNEE SIGNATURE  | DATE                          |

MO 580-0828 (6-12)

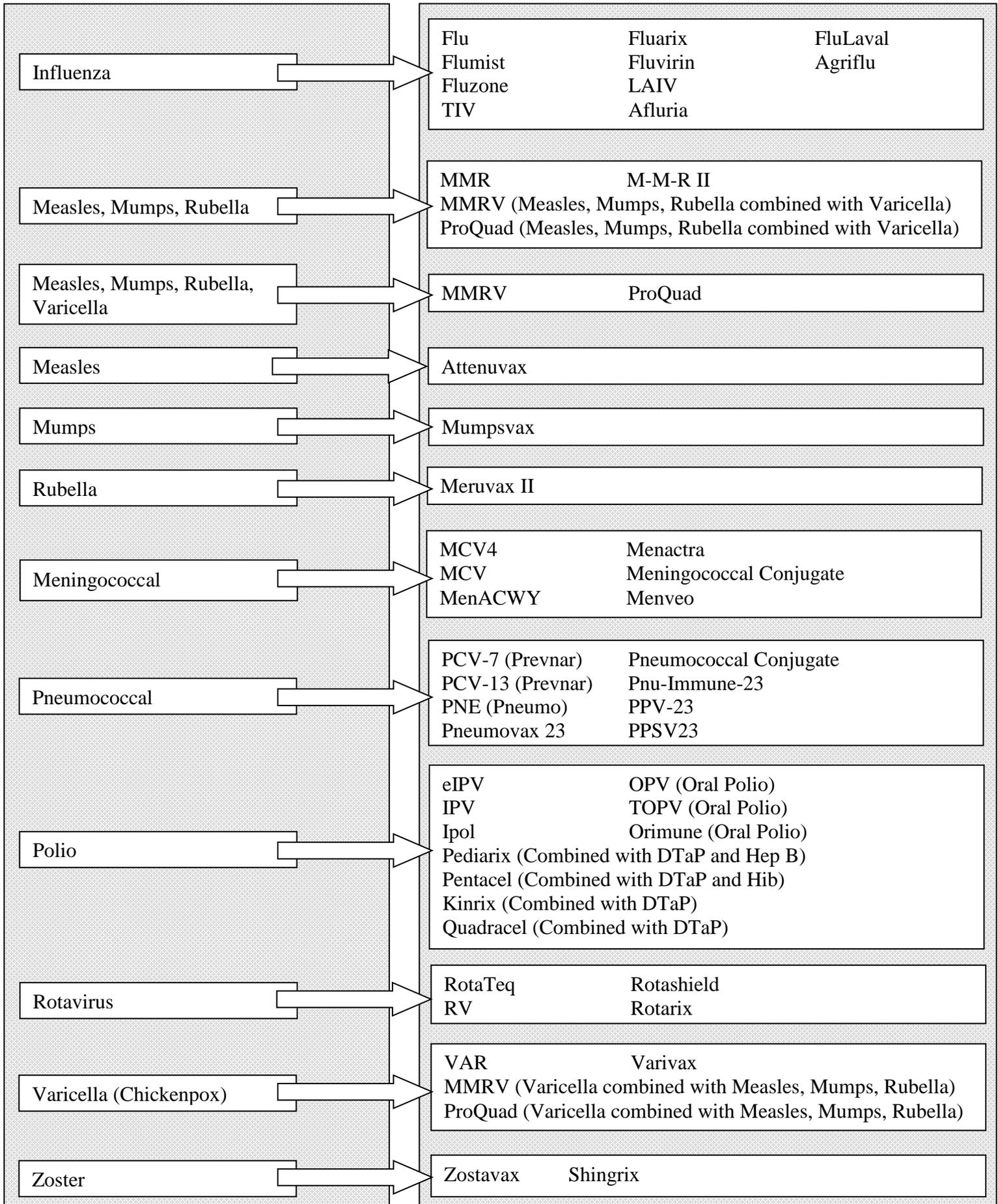
Imm.P. 14



# Vaccine Identification

| VACCINE                                  | DIFFERENT BRANDS AND ABBREVIATIONS   |   |           |          |
|--|--|---|-----------|----------|
| Diphtheria, Tetanus, Acellular Pertussis | Acel-Imune<br>Daptacel<br>Infanrix<br>Kinrix (Combined with IPV)<br>Quadracel (Combined with IPV)<br>Pentacel (Combined with IPV and Hib)<br>Tetramune (Combined with Hib) abbreviated TTR<br>TriHIBit (Combined with Hib) (DTaP/Hib)<br>Pediarix (Combined with IPV and Hep B)<br>Certiva<br>DTaP<br>Tripedia |   |           |          |
| Diphtheria and Tetanus                   | DT   |   |           |          |
| Tetanus                                  | Decavac  | TT (Tetanus Toxoid)                     | Td        |          |
| Tetanus, Diphtheria Acellular Pertussis  | Tdap   | Adacel                                  | Boostrix  |          |
| Haemophilus Influenzae type b (Hib)      | ActHIB<br>Hboc<br>H-FLU<br>HibTITER<br>PedvaxHIB<br>ProHIBit<br>PRP-T<br>Comvax (Combined with Hep B)<br>Tetramune (Combined with DTP) Abbreviated TTR<br>TriHIBit (Combined with DTaP) (DTap/Hib)<br>Pentacel (Combined with DTaP and IPV)<br>HbCV<br>HbPV<br>Hib<br>OmniHIB<br>Pro-D<br>PRP-OMP<br>Hiberix   |   |           |          |
| Hepatitis A                              | HAV<br>Hep A   | Havrix<br>Twinrix (Combined with Hep B) | VAQTA     |          |
| Hepatitis B                              | Engerix-B<br>Hep B<br>Recombivax-HB<br>Comvax (Combined with Hib)<br>Pediarix (Combined with DTaP and IPV)<br>Twinrix (Combined with Hep A)<br>HBV<br>Heptavax   |   |           |          |
| HepA/HepB                                | Twinrix (Hep A and Hep B combined)   |   |           |          |
| Human Papilloma Virus                    | HPV  | Gardasil                                | Gardasil9 | Cervarix |

# Vaccine Identification



# Vaccines For Children (VFC) Consultants

## Regional Contact

Vacant  
 Phone: 816.632.7903  
 Fax: 573.526.0238

Brandy Wilson  
 Phone: 573.817.4207  
 Fax: 573.526.0238  
 Brandy.L.Wilson@health.mo.gov

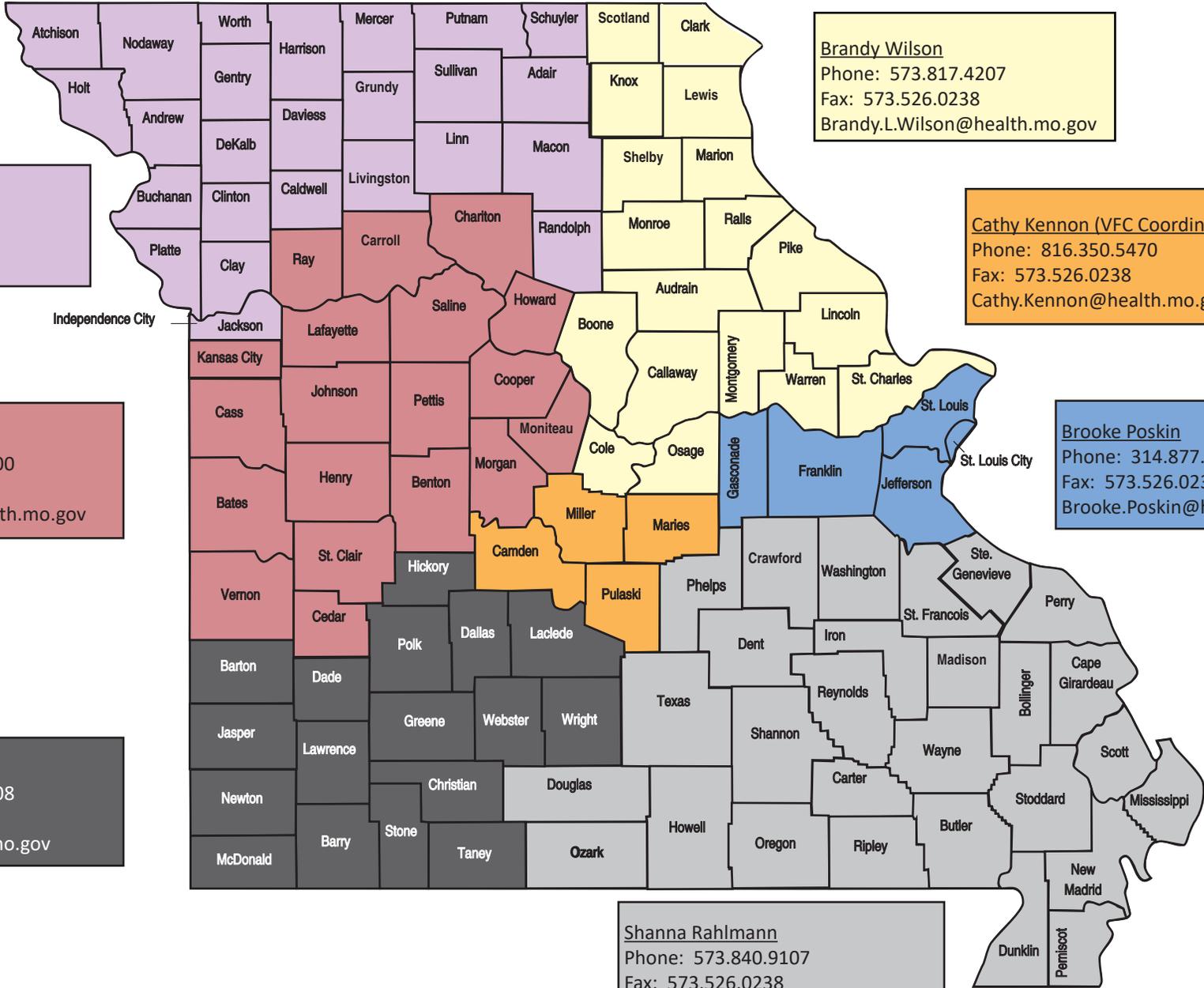
Cathy Kennon (VFC Coordinator)  
 Phone: 816.350.5470  
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
**2020-2021 SUMMARY REPORT OF IMMUNIZATION STATUS OF  
 MISSOURI PUBLIC, PRIVATE, PAROCHIAL AND PARISH SCHOOL CHILDREN**

By **OCTOBER 15, 2020** this completed CD-31 form must be forwarded to:  
 Missouri Department of Health and Senior Services  
 Bureau of Immunizations  
 P.O. Box 570  
 Jefferson City, MO 65102-0570  
 Fax: (573) 526-0238

School Name and Address:

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_ School Code: \_\_\_\_\_ County: \_\_\_\_\_

Prepared by: \_\_\_\_\_  Medical Professional  
 Other

Have received immunization record review training?  Yes  No

Date: \_\_\_\_\_ Approved By (Superintendent or School Administrator): \_\_\_\_\_

| 2020-2021                                       | Grade Level |          |          |          |          |          |          |          |          |          |          |          |              |          |
|---|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--------------|----------|
|   | K           | 1        | 2        | 3        | 4        | 5        | 6        | 7        | 8        | 9        | 10       | 11       | 12           |          |
| <b>TOTAL NUMBER OF STUDENTS ENROLLED</b>        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>DTAP/DT/TD</b>                               | 4+ doses    | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses | 4+ doses     | 4+ doses |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students in progress (See ACIP Schedule)        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>TDAP</b>                                     |             |          |          |          |          |          |          |          | 1 dose       |          |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>MCV</b>                                      |             |          |          |          |          |          |          |          | 1 dose   | 1 dose   | 1 dose   | 1 dose   | 1 or 2 doses |          |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>POLIO</b>                                    | 3+ doses    | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses     | 3+ doses |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students in progress (See ACIP Schedule)        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>MMR (MEASLES, MUMPS, RUBELLA)</b>            | 2 doses     | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses  | 2 doses      | 2 doses  |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students in progress (See ACIP Schedule)        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>HEPATITIS B</b>                              | 3+ doses    | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses | 3+ doses     | 3+ doses |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students in progress (See ACIP Schedule)        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| <b>VARICELLA</b>                                | 2 dose      | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 2 dose   | 1 dose       | 1 dose   |
| Students fully immunized                        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students in progress (See ACIP Schedule)        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with proof of disease                  |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with medical exemption                 |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with religious exemption               |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students noncompliant with immunization records |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Students with no immunization records           |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Total children with medical exemptions          |             |          |          |          |          |          |          |          |          |          |          |          |              |          |
| Total children with religious exemptions        |             |          |          |          |          |          |          |          |          |          |          |          |              |          |

**Title 19—DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**Division 20—Division of Community and Public Health**  
**Chapter 28—Immunization 19 CSR 20-28.010 Immunization**  
**Requirements for School Children**

*PURPOSE: This rule establishes minimum immunization requirements for all students in accordance with recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Interstate Compact on Educational Opportunity for Military Children.*

(1) The superintendent of each public, private, parochial, or parish school shall make a summary report to the Department of Health and Senior Services no later than October 15 of each school year. This date is necessitated by the law which prohibits the enrollment and attendance of students who are in noncompliance. This report shall include aggregate immunization information by grade by vaccine antigen, number of students enrolled, number of students in compliance with state immunization requirements, number of students in progress, number of students with signed medical exemption, number of students with signed religious exemption, number of students noncompliant with immunization record, and number of students with no immunization record. Each school superintendent or designee shall submit a summary report for all schools under the administrator's jurisdiction. Separate reports for each school should not be submitted, although separate lists shall be maintained in each school for auditing purposes.

(A) Exclusion of students in noncompliance, section 167.181, RSMo. Students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. The school administration shall exercise its power of pupil suspension or expulsion under section 167.161, RSMo, and possible summary suspension under section 167.171, RSMo, until the violation is removed. Transfer students in noncompliance shall not be permitted to enroll or attend school. Students enrolled during the previous school year shall be denied attendance for the current school year if not in compliance. Under section 160.2000, RSMo, children of military families shall be given thirty (30) days from the date of enrollment to obtain any required immunization, or initial vaccination for a required series of immunizations. A student determined to be homeless by school officials may be enrolled in school for no more than thirty (30) days prior to providing satisfactory evidence of immunization. If the homeless student's immunization record is not obtained within the thirty (30) days and the student is still eligible for services under the homeless education program, the student shall begin the immunization series and demonstrate that satisfactory progress has been accomplished within ninety (90) days. If the homeless student is exempted from receiving immunizations, then after the initial thirty- (30-) day enrollment, the student shall provide documentation in accordance with the exemption requirements included herein. For the purpose of this subsection, a homeless student shall be defined as a student who lacks a fixed, regular, and adequate nighttime residence; or who has a primary nighttime residence in a supervised publicly or privately operated shelter or in an institution providing temporary residence or in a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.

(B) This rule is designed to govern any student, regardless of age, who is attending a public, private, parochial, or parish school. If the specific age or

grade recommendations are not mentioned within this rule, the Missouri Department of Health and Senior Services should be consulted.

(C) It is unlawful for any student to attend school unless the student has been immunized according to this rule or unless a signed statement of medical or religious exemption is on file with the school administrator. In the event of an outbreak or suspected outbreak of a vaccine-preventable disease within a particular facility, the administrator of the facility shall follow the control measures instituted by the local health authority or the Department of Health and Senior Services pursuant to 19 CSR 20-20.040.

1. Medical exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, upon signed certification by a licensed doctor of medicine (MD), doctor of osteopathy (DO), or his or her designee indicating that either the immunization would seriously endanger the student's health or life or the student has documentation of disease or laboratory evidence of immunity to the disease. The exemption shall be provided on an original Department of Health and Senior Services' form Imm.P.12 and shall be placed on file with the school immunization health record for each student with a medical exemption. The Imm.P.12 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. This need not be renewed annually.

2. Religious exemption. A student shall be exempted from the immunization requirements of this rule as provided in section 167.181, RSMo, if one (1) parent or guardian objects in writing to the school administrator that immunization of that student violates his/her religious beliefs. This exemption must be provided on an original Department of Health and Senior Services' form Imm.P.11A, and shall be signed by the parent or guardian and placed on file with the school immunization health record. The Imm.P.11A form is incorporated by reference in this rule as published April 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. This need not be renewed annually.

3. Immunization in progress. Section 167.181, RSMo, provides that students may continue to attend school as long as they have started an immunization series and provide satisfactory evidence indicating progress is being accomplished. An original Department of Health and Senior Services' form Imm.P.14 shall be completed and placed on file with the school immunization health record of each student with immunizations in progress. The Imm.P.14 form is incorporated by reference in this rule as published June 2012 by the Department of Health and Senior Services and may be obtained by contacting a medical provider, local public health agency, or the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. Failure to meet the next scheduled appointment constitutes noncompliance with the school immunization law and exclusion shall be initiated immediately. Refer to subsection (1)(A) of this rule regarding exclusion of students in noncompliance.

(2) Review of immunization requirements for school entry shall be conducted annually by each school superintendent or designee. Age or grade-appropriate vaccine requirements shall be according to the *Missouri School Immunization Requirements Vaccines Received 0–18 Years of Age*, published on April 2014 or the *Centers for Disease Control and Prevention's Catch-up Immunization Schedule for Persons Aged 4 Months through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, published January 2014. These schedules are incorporated by reference in this rule and are available on the Department of Health and Senior Services' website at <http://health.mo.gov/immunizations/schoolrequirements.php> or by contacting the department's Bureau of Immunization Assessment and Assurance at PO Box 570, Jefferson City, MO 65102-0570, or by calling 800-219-3224. This rule does not incorporate any subsequent amendments or additions. Revisions to school immunization requirements shall be required for school attendance one (1) full year after publication in the *Code of State Regulations*, beginning with the first day of school of that school year.

(3) The parent or guardian shall furnish the superintendent or designee satisfactory evidence of immunization or exemption from immunization. (A) Satisfactory evidence of immunization means a statement, certificate, or record from a physician or his or her designee, other recognized health facility, immunization registry, school record, or child care record stating that the required immunizations have been given to the person and verifying the type of vaccine. This statement, certificate, or record shall provide documentation of the specific antigen and the month, day, and year of vaccine administration.

*AUTHORITY: section 192.006, RSMo 2000, and sections 167.181 and 192.020, RSMo Supp. 2013.\* This rule was previously filed as 13 CSR 50-110.010. Original rule filed April 24, 1974, effective May 4, 1974. Rescinded and readopted: Filed April 17, 1980, effective Aug. 11, 1980. Amended: Filed Feb. 1, 1983, effective May 12, 1983. Amended: Filed Oct. 3, 1986, effective Dec. 25, 1986. Amended: Filed July 1, 1987, effective Sept. 11, 1987. Amended: Filed Aug. 4, 1988, effective Oct. 13, 1988. Amended: Filed May 31, 1989, effective Aug. 24, 1989. Amended: Filed Nov. 2, 1990, effective March 14, 1991. Amended: Filed April 2, 1991, effective Aug. 30, 1991. Amended: Filed Nov. 4, 1992, effective Aug. 1, 1993. Emergency amendment filed July 12, 1993, effective Aug. 1, 1993, expired Sept. 9, 1993. Amended: Filed April 5, 1993, effective Sept. 9, 1993. Emergency amendment filed May 3, 1994, effective May 13, 1994, expired Sept. 9, 1994. Emergency amendment filed July 28, 1994, effective Aug. 6, 1994, expired Dec. 3, 1994. Amended: Filed April 18, 1994, effective Nov. 30, 1994. Amended: Filed May 3, 1994, effective Nov. 30, 1994. Emergency amendment filed Nov. 29, 1994, effective Dec. 8, 1994, expired April 6, 1995. Amended: Filed Aug. 15, 1994, effective Feb. 26, 1995. Amended: Filed Aug. 16, 1996, effective Jan. 30, 1997. Amended: Filed Jan. 14, 1999, effective July 30, 1999. Amended: Filed Sept. 16, 2002, effective Feb. 28, 2003. Amended: Filed Sept. 23, 2003, effective April 30, 2004. Amended: Filed Oct. 1, 2008, effective March 30, 2009. Amended: Filed Nov. 30, 2011, effective June 30, 2012. Amended: Filed March 30, 2015, effective Oct. 30, 2015.*

*\*Original authority: 167.181, RSMo 1963, amended 1972, 1973, 1992, 1993, 1995, 1996, 2001; 192.006, RSMo 1993, amended 1995; and 192.020, RSMo 1939, amended 1945, 1951, 2004.*

# Completing the *Summary Report of Immunization Status of Missouri Public, Private, Parochial and Parish School Children*

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1. Ensure the name of the school or school system and address on the top portion of the form are correct. If not, make corrections on the label.
2. Enter the phone number and email address of the individual preparing the form.
3. Enter name in the “Prepared by” and check the box for “Medical Professional” or “Other” and indicate by checking the “Yes/No” if preparer has received immunization record review training.
4. For **each grade**, enter the current enrollment.
5. For **each grade** and **each required immunization** enter the following:
  - The number of students fully immunized.
  - The number of students in progress to complete immunization series. (**In progress means student is waiting to complete the series, but is not eligible to receive vaccine due to timeframe between doses**).

## **An Immunizations In Progress form (Imm.P.14) must be on file.**

- The number of students with proof of disease, for varicella only.
  - The number of students with a **Medical Immunization Exemption** form (Imm.P.12) on file.
  - The number of students with a **Religious Immunization Exemption** form (Imm.P.11A) on file.
  - The number of students who do not have all immunizations required for their grade level, but have an immunization record.
  - The number of students who do not have an immunization record.
  - The total number of children with medical exemptions.
  - The total number of children with religious exemptions.
6. Enter date and obtain the necessary signature and send to the Missouri Department of Health and Senior Services, Bureau of Immunizations, P.O. Box 570, Jefferson City, MO 65102, by October 15.





(SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State law and health regulations require students to be properly immunized and provide verification to attend school, unless they have an appropriate exemption card on file.

Children attending school must be immunized against diphtheria, tetanus, pertussis, meningococcal, polio, measles, mumps, rubella, hepatitis B and varicella. All students are required to provide documentation that includes the month, day and year the vaccine was administered.

Immunization records for your child are incomplete and the below information outlines your child's immunization status. Please take this to your medical provider so your child can be properly immunized and attend school.

If your child has had the immunization(s) noted below, please send or bring a record from a medical provider no later than \_\_\_\_\_. Please call \_\_\_\_\_, with any questions.

Sincerely,

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**No immunization record on file - provide a complete immunization record.**

**Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT, Td, Tdap)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Last dose of (DTaP, DTP or DT) was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Meningococcal (MCV)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Second dose, after age 16, required for 12<sup>th</sup> Grade (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Polio (IPV, OPV)**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Last dose of Polio was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

**Measles, Mumps and Rubella**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

Vaccination for Measles, Mumps and Rubella is required since initial vaccines were received before first birthday.

**Hepatitis B**

Series incomplete. (Dose[s] needed \_\_\_\_\_).

**Varicella**

Series incomplete. (Dose[s] needed \_\_\_\_\_)

Vaccination for Varicella is required since vaccine was received before first birthday.