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	
DATE OF BIRTH	DCN (Department Client Number)
NAME OF PARENTS OR LEGAL GUARDIAN	
ADDRESS	

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, day care, 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 because of a disability, contact the Department of Health and Senior Services' immunization program at 800-699-2313. 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

IMMP-1 (2-07)

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