



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

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (SECTION 167.181 AND SECTION 210.003, RSMo) FOR SCHOOL, 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.

**THIS IS TO  
CERTIFY THAT**

NAME OF CHILD (PRINT OR TYPE)

received the following immunization(s) on \_\_\_\_\_ as required by State Immunization Laws

MONTH/DAY/YEAR

- |                                     |                                       |                                |                                  |
|-------------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> DIPHtherIA | <input type="checkbox"/> HEPATITIS B  | <input type="checkbox"/> HIB   | <input type="checkbox"/> MMR     |
| <input type="checkbox"/> PERTUSSIS  | <input type="checkbox"/> PNEUMOCOCCAL | <input type="checkbox"/> POLIO | <input type="checkbox"/> TETANUS |
| <input type="checkbox"/> VARICELLA  | <input type="checkbox"/> OTHER _____  |                                |                                  |

and is scheduled to return on \_\_\_\_\_

MONTH/DAY/YEAR

**NOTE:** This child is in compliance with Missouri Immunization Laws as long as he/she continues to receive the appropriate immunization(s) 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