



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
RELIGIOUS IMMUNIZATION EXEMPTION

REQUIRED UNDER THE STATE IMMUNIZATION LAW (Section 167.181, RSMo) FOR SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF CHILD (PRINT OR TYPE)	
SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE IMMUNIZATION VIOLATES MY RELIGIOUS BELIEFS:		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis
<input type="checkbox"/> MMR	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Td	<input type="checkbox"/> Rubella	<input type="checkbox"/> Other
<p>1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.</p> <p>2. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.</p>		
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE

MO 580-1723 (9-95)

Imm P 11A



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
MEDICAL IMMUNIZATION EXEMPTION FORM

FOR DOCTORS OF MEDICINE OR DOCTORS OF OSTEOPATHY ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

THIS IS TO CERTIFY THAT	NAME OF PATIENT (PRINT OR TYPE)	
SHOULD BE EXEMPTED FROM RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S) BECAUSE:		
<input type="checkbox"/> The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.) <input type="checkbox"/> In my medical judgment, the immunization(s) checked would endanger the child's health or life.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Pertussis
<input type="checkbox"/> MMR	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Td	<input type="checkbox"/> Rubella	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Other	
<p>1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.</p> <p>2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.</p>		
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN REGISTRATION NO.	
SIGNATURE OF PHYSICIAN	DATE	

MO 580-0807 (10-95)

Imm.P.12



MISSOURI DEPARTMENT OF HEALTH
BUREAU OF IMMUNIZATION
IMMUNIZATIONS IN PROGRESS FORM

FOR PHYSICIANS AND PUBLIC HEALTH NURSES ONLY

REQUIRED UNDER THE STATE IMMUNIZATION LAWS (Section 167.181 and Section 210.003, RSMo Cum. Supp. 1990) FOR SCHOOL, PRESCHOOL, DAY CARE AND NURSERY SCHOOL ATTENDANCE

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"/> TETANUS	<input type="checkbox"/> PERTUSSIS
<input type="checkbox"/> MMR	<input type="checkbox"/> MR	<input type="checkbox"/> MEASLES
<input type="checkbox"/> Td	<input type="checkbox"/> MUMPS	<input type="checkbox"/> RUBELLA
<input type="checkbox"/> POLIO	<input type="checkbox"/> Hib	<input type="checkbox"/> Hepatitis B
and is scheduled to return on _____ for the following immunization(s) _____ 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 Missouri Department of Health Immunization Schedule.		
PHYSICIAN NAME (PRINT OR TYPE)	PHYSICIAN SIGNATURE	
PUBLIC HEALTH NURSE NAME	DATE	CITY OR COUNTY OF ASSIGNMENT

MO 580-0828 (7-95)

Imm.P.14