



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR COMMUNICABLE DISEASE PREVENTION

PARENT/GUARDIAN IMMUNIZATION EXEMPTION

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

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF

NAME OF CHILD (PRINT OR TYPE)

DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S):

- | | | | | |
|-------------------------------------|----------------------------------|------------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tetanus | <input type="checkbox"/> Pertussis | <input type="checkbox"/> Polio | <input type="checkbox"/> Hib |
| <input type="checkbox"/> MMR | <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Varicella | | | | |

1. Unimmunized children have a greater risk of getting these vaccine-preventable diseases which can lead to serious complications.
2. Unimmunized children are subject to exclusion from child care facilities and school when outbreaks of vaccine-preventable diseases occur.

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| PARENT/GUARDIAN NAME (PRINT OR TYPE) | PARENT/GUARDIAN SIGNATURE | DATE |
|--------------------------------------|---------------------------|------|