



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
PARENT/GUARDIAN IMMUNIZATION EXEMPTION

MUST BE RENEWED ANNUALLY

Required under Missouri state immunization laws (Section 210.003, RSMo) for public, private, or parochial day care center, preschool or nursery school caring for ten or more children.

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.

I have read and been informed of the consequences of not immunizing my child. (please initial)

THIS IS TO CERTIFY THAT I, THE PARENT/GUARDIAN OF	NAME OF CHILD (print or type)
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DO OBJECT TO MY CHILD RECEIVING THE FOLLOWING CHECKED IMMUNIZATION(S)

- | | | | |
|-------------------------------------|---------------------------------------|--------------------------------|----------------------------------|
| <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 _____ | | |

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