Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

However, some children cannot be immunized for medical reasons. Claiming a medical exemption represents a physician's determination that the child is allergic to some immunization components, has an immune deficiency or has an illness such as cancer.

These individuals are at greater risk of exposure to any vaccine-preventable disease that can be life-threatening. To protect those who cannot be vaccinated and the entire community, unimmunized children could be excluded from school and child care during disease outbreaks. This can cause hardship for the child and parent.

A medical exemption can be obtained from the local health department or physician. The medical exemption must be signed by a physician and filed with the school administrator or child care facility.

Immunizations may save your child's life.
Religious Exemption
What Parents Need to Know

Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Choosing not to immunize a child greatly increases the risk of getting serious diseases like pertussis, measles, mumps and chickenpox that can cause severe complications such as heart failure; difficulty breathing and swallowing; brain damage; and deafness.

Children who are not immunized can transmit vaccine-preventable diseases throughout the community to babies who are too young to be fully immunized or to others who cannot be immunized for medical reasons. Exposure to any vaccine-preventable disease could be life-threatening.

Actively choosing not to immunize a child by claiming a religious exemption is a parent's right; however, it carries significant responsibility. To protect inadequately vaccinated individuals and the entire community, unimmunized children could be excluded from school during disease outbreaks. This can cause hardship for the child and parent. No exceptions are made, regardless of the circumstances.

Claiming a religious exemption represents a parent or guardian's belief that the family's religious preference does not support immunizing against vaccine-preventable diseases.

A religious exemption can be filed for selected vaccines or for all vaccines. Parents and guardians should indicate which vaccines are included on the Religious Immunization Exemption. The exemption can be obtained from the local health department and must be completed and filed with the school administrator.

It is unlawful for any child to attend school unless the child has been adequately immunized or unless the parent or guardian has signed and filed a Religious Immunization Exemption.

Immunizations may save your child's life.

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance
800.219.3224
Immunizations are the best protection against serious diseases. Vaccines are safe and effective and were developed to protect individuals from dangerous and sometimes deadly diseases.

Unfortunately, some children fall behind in getting their age-specific immunizations required for child care and school attendance.

According to Missouri regulation, children who have not received immunizations required for child care and school attendance cannot attend until their immunizations are up-to-date. However, a child is allowed to attend if the required immunization series has begun and an appointment for the next dose is scheduled. This immunization appointment must be documented on an in progress card and filed with the child care facility or school.

The appointment must be kept and an updated immunization record must be provided to the child care facility or school. If the appointment is not kept, the child is no longer in progress and is noncompliant and cannot attend child care or school.

An in progress exemption can be obtained from the local health department or a physician. The in progress card must be signed by a physician, public health nurse or designee and filed with the school administrator or child care facility.

Immunizations may save your child’s life.
## Missouri Immunization Exemptions

### Medical Immunization Exemption

**Required Under the State Immunization Laws (Section 167.181 and Section 210)**

**This Is To**

**NAME OF PATIENT (PRINT OR TYPE)**

**Certify That**

**Should Be Exempted From Receiving the Following Checked Immunization(s) Because:**

- [ ] The child has documented laboratory evidence of immunity to the disease. (Attach the lab slip to this form.)
- [ ] In my medical judgment, the immunization(s) checked would endanger the child's health or life.

<table>
<thead>
<tr>
<th>Immunization(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
</tr>
<tr>
<td>Tetanus</td>
</tr>
<tr>
<td>Pertussis</td>
</tr>
<tr>
<td>Mumps</td>
</tr>
<tr>
<td>Measles</td>
</tr>
<tr>
<td>MMR</td>
</tr>
<tr>
<td>Varicella</td>
</tr>
<tr>
<td>Tb</td>
</tr>
<tr>
<td>Polio</td>
</tr>
<tr>
<td>Hib</td>
</tr>
</tbody>
</table>

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 the diseases occur.

**Physician Name (Print or Type)**

**Physician Registration No.**

**Signature of Physician**

**Date**

---

### Religious Immunization Exemption

**Required Under the State Immunization Law (Section 167.181, RSMo)**

**This Is To**

**NAME OF CHILD (PRINT OR TYPE)**

**Certify That**

**Should be exempted from receiving the following checked immunization(s) because:**

- [ ] Diphtheria
- [ ] Tetanus
- [ ] Pertussis
- [ ] Polio
- [ ] Varicella
- [ ] Hepatitis B
- [ ] MMR
- [ ] Other

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 school when outbreaks of the diseases occur.

**Parent/Guardian Name (Print or Type)**

**Parent/Guardian Signature**

---

### Immunizations in Progress

**Required Under the State Immunization Laws (Section 167.181 and Section 210)**

**This Is To**

**NAME OF CHILD (PRINT OR TYPE)**

**Certify That**

**Received the following immunization(s) on**

**MONTH/DAY/YEAR**

<table>
<thead>
<tr>
<th>Immunization(s)</th>
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</thead>
<tbody>
<tr>
<td>Diphtheria</td>
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<tr>
<td>Polio</td>
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<td>Hib</td>
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</tbody>
</table>

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 immunization(s) at the correct intervals according to the Department's Immunization Schedule.

**Physician Name (Print or Type)**

**Physician Signature**

**Public Health Nurse**

**Date**

**City or County of Assignment**

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Missouri Department of Health and Senior Services' Bureau of Immunization Assessment and Assurance

930 Wildwood Dr. • Jefferson City, MO 65109 • 573.751.6124