



**Figure 7-4. Parent/Guardian Immunization Exemption Form
(For Child Care Facilities Only)**

 MISSOURI DEPARTMENT OF HEALTH SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION 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"/> MMR <input type="checkbox"/> Varicella	<input type="checkbox"/> Tetanus <input type="checkbox"/> Measles	<input type="checkbox"/> Pertussis <input type="checkbox"/> Mumps <input type="checkbox"/> Polio <input type="checkbox"/> Rubella <input type="checkbox"/> Hib <input type="checkbox"/> Hepatitis B
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.		
PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE
MO 580-0959 (6-01)		Imm.P.11

**Figure 7-4. Parent/Guardian Immunization Exemption Form
(For Child Care Facilities Only)**

 MISSOURI DEPARTMENT OF HEALTH SECTION OF VACCINE-PREVENTABLE AND TUBERCULOSIS DISEASE ELIMINATION 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		
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PARENT/GUARDIAN NAME (PRINT OR TYPE)	PARENT/GUARDIAN SIGNATURE	DATE
MO 580-0959 (6-01)		Imm.P.11