

## **MISSOURI IMMUNIZATION RECORD**

OFFICIAL DOCUMENT

	cument as proof of Missouri imr									
NAME OF CHIL	_D									
DATE OF BIRT	Н		DCN (DEPARTMENT CLIENT NUMBER)							
NAME OF PAR	ENTS OR LEGAL	GUARDIAN								
ADDRESS										
CITY			STATE		ZIP					
ALWAYS KEEP A RECORD The immunization record plays a vital role in protecting the health of the individual throughout life, for health care providers, school, child care and employers.										
Missouri Department of Health and Senior Services • P.O. Box 570 Jefferson City, MO 65102-0570 AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER Services provided on a nondiscriminatory basis. If you desire a copy of this publication in an alternate form, contact the Department of Health and Senior Services' immunization program at 573-751-6124. Hearing-impaired citizens may contact the department by phone through Missouri Relay, 800-735-2966.										
VAC	CINE	DATE GIVEN	1	PF	HYSICIAN / CLINIC					
PNEUMOCOCCAL POLYSACCHARIDE (23 valent)		MO / DAY / YI	4							
INFLUENZA (annual) List mo / day / yr of each vaccine										
TUBERCULIN SKIN TEST										
DATE GIVEN MO/DAY/YR	DATE READ MO/DAY/YR	PHYSI SI	RESULTS							
							mm			
	DATE									
	DATE	LEVEL		ATE	LE		DATE			

■ meaning rewersnots. ✓ Can be given as early as 12 months, if there is six months since third dose Missouri's immunization schedule is compatible with the current recommendations of the the Centers for Disease Control and Prevention (CDC), the American Academy of Pedia (AAFP). For more information, please call the Missouri Department of Health and Senior www.health.mo.gov/immunizations. AN EQUAL OPPORTUNITY/AFRIMATIVE ACTION www.health.mo.gov/immunizations. AN EQUAL OPPORTUNITY/AFRIMATIVE ACTION		Some of these vaccines may be given in combination, meaning fewer shots.		Ż		V	Measles, Mu	Pneumoco		Haemophil	Diphtheria, Te			Protect			
Can be given as early as 12 months, if there is six months since third dose. Write two uoses, rour weeks approximation of the Advisory Committee on Immunization Practices (ACIP) of Missouri's immunization schedule is compatible with the current recommendations of the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), the American Academy of Praditatics (ASP) and the American Academy of Family Physicians (AAFP). For more information, please call the Missouri Department of Heath and Senior Services, Bureau of Immunizations at 800.219 3224 or visi (AAFP). For more information, please call the Missouri Departument of Heath and Senior Services, Bureau of an anotecriminatory basis.	as 12 months, if there	meaning fewer shots.	es may be given in co ing fewer shots.	Influenza	Rotavirus (RV)	Hepatitis A	Varicella (Chickenpox)	Measles, Mumps, Rubella (MMR)	Pneumococcal Conjugate (PCV)	Poliovirus (Polio)	Haemophilus Influenzae B (Hib)	Diphtheria, Tetanus, Pertussis (DTaP)	Hepatitis B	**	Protect your child right from the start.		
n the current C), the Amer Ini Departmen EQUAL OPPORT	is six mont		mbinatior										<	Birth	ost impor	hild	
ths since third dose. recommendations of the A recommendations of Pediatrics and of Health and Senior Ser UNITY/AFFIRMATIVE ACTION EMI				<				<	~	<	<	<	Months	tant way	righ		
		*If not given at birth.		<				<	×	<	<	<b>✓</b> *	Months	parents ca	it fro		
dvisory Comn (AAP) and th vices, Bureau LOYER Services p		re		Ea	<				<	<	<	<	<	Months	an protect	om t	
nittee on Imm e American Av of Immunizati vrovided on a nor	given tv	ceive a flu va	Children 6	ch flu seaso		<	<	<	<		<			12-15 Months	their child	he s	
wo doses, to nunization Pra Academy of Fa tions at 800.2 mdiscriminatory b	accine for th	months thre	on starting a								<		15-18 Months	dren again	tart		
tices (ACIP) o nily Physicians 9.3224 or visi sis.	given two doses, tour weeks apart.	receive a flu vaccine for the first time should be	**Children 6 months through 8 years old who	Each flu season starting at 6 months.**		<								19-23 Months	st serious		
14 · · · · ·	vart.	should be	; old who	S.**			<	<		×		<		4-6 Years	diseases.		

VACCINE		DATE GIVEN MO / DAY / YR	PHYSICIAN / CLINIC					
DTaP, DTP, or DT	1							
Diphtheria, Tetanus,								
Pertussis	3							
(Whooping Cough) specify if DT								
	1							
50110	2							
POLIO Specify	3							
IPV or OPV	4							
	5							
	1							
HAEMOPHILUS	2							
INFLUENZAE type b (Hib)	3							
type b (Thb)	4							
HBIG								
	1	adult/ped						
HEPATITIS B	2	adult/ped						
circle type	3	adult/ped						
	4	adult/ped						
	1							
PNEUMOCOCCAL	2							
CONJUGATE	3							
	4							
	5							
MMR (Measles,	1							
Mumps, Rubella)	2							
VARICELLA	1							
(Chickenpox)	2							
	1							
HEPATITIS A	2							
	3							
Talan (Tal	1	Tdap/Td						
Tdap / Td Tetanus, Diphtheria,	2	Tdap/Td						
Pertussis Adult	3	Tdap/Td						
(every 10 yrs)	4	Tdap/Td						
	1							
Meningococcal	2							
	1							
Rotavirus	2							
	3							
UDV	1							
HPV (Human	2							
Papillomavirus)	3							
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ОТНЕВ								
5								

MO 580-0242 (12-13)

ImmP-1 (12-13)