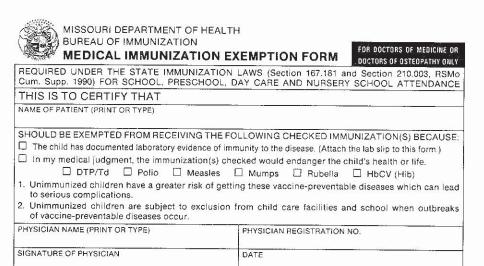
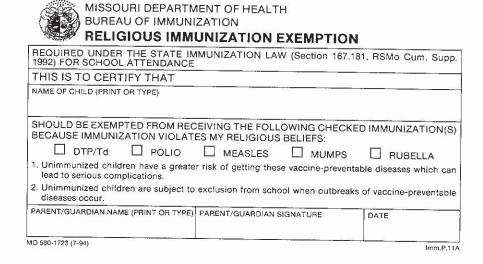
MO 580-0807 (4-91)

Imm.P.12 (R4-91)





MISSOURI DEPARTMENT OF HEALTH BUREAU OF IMMUNIZATION IMMUNIZATIONS IN PROGRESS FORM				FOR PHYSICIANS AND PUBLIC HEALTH NURSES ONLY
REQUIRED UNDER THE STATE IMM Cum. Supp. 1990) FOR SCHOOL, PR	UNIZATION ESCHOOL,	LAWS ((Section 167.181 a	and Section 210.003, RSMo RY SCHOOL ATTENDANCE
THIS IS TO NAME OF CHILD (PRII CERTIFY THAT				
received the following immunization(s)		H/DAY/YEA	as required	by State Immunization Laws
DTP Td POLIO	□ ньс\	/ (Hib)	Other	
☐ MMR ☐ MEASLES	В □ М∪М	PS	RUBELLA	
	DAY/YEAR		lowing immunizat	700 COLUMBS SC
NOTE: This child is in compliance with Miss immunization(s) at the correct intervals accord	ouri Immunizat Jing to the Miss	ion Laws a ouri Depar	as long as he/she cor tment of Health Immi	ntinues to receive the appropriate unization Schedule.
PHYSICIAN NAME (PRINT OR TYPE)		PHYSICIAN SIGNATURE		
PUBLIC HEALTH NURSE NAME	DATE	CITYO	CITY OR COUNTY OF ASSIGNMENT	
MO 580-0828 (7-91)	0.0000			Imm.P.14 (R7-91