

2020-2021 Missouri School Immunization Requirements

- All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- Required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14) on file. In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)
- Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

| Vaccines Required for School Attendance | Dose Required by Grade | | | | | | | | | | | | |
|---|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|
| | K | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| DTaP/DTP/DT ¹ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ | 4+ |
| Tdap ² | | | | | | | | | 1 | 1 | 1 | 1 | 1 |
| MCV ³ (Meningococcal Conjugate) | | | | | | | | | 1 | 1 | 1 | 1 | 2 |
| IPV (Polio) ⁴ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| MMR ⁵ | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Hepatitis B ⁶ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ | 3+ |
| Varicella ⁷ | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 |

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday.
Maximum needed: six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required.
3. Grade 8-11: One dose of MCV is required. Dose must be given after 10 years of age.

Grade 12: Two doses of MCV are required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required. At least one dose must be given after 16 years of age.
4. Kindergarten-10 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.

11-12 Grades: Last dose on or after the fourth birthday. Any combination of four doses of IPV and OPV constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. There must be at least four weeks between dose one and two; at least 8 weeks between dose two and three; at least 16 weeks between doses one and three and final dose must be given no earlier than 24 weeks of age.
7. First dose must be given on or after twelve months of age.

Kindergarten-10 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

11-12 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.



List dates (month-day-year)

| Type of vaccine | 1st | 2nd | 3rd | 4th | 5th |
|--|-----|-----|-----|-----|-----|
| DTaP/DTP/Tdap (Diphtheria, Tetanus, Pertussis) | | | | | |
| DT | | | | | |
| Td | | | | | |
| OPV/IPV (polio) | | | | | |
| MMR (Measles, Mumps, Rubella) | | | | | |
| Measles | | | | | |
| Mumps | | | | | |
| Rubella | | | | | |
| HIB | | | | | |
| TB Test (type & result) | | | | | |
| Hepatitis B | | | | | |
| Varicella (chicken pox vaccine) | | | | | |
| Other | | | | | |

Follow-up Notes:

Physical Examination Form

Student's Name: _____

Birth Date: _____ **Sex:** _____

Parent/Legal Guardian: _____

Physician's Name: _____

Physician's Phone #: _____

To Parent/Legal Guardian:

In accordance with the recommendations of the St. Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to kindergarten, 3rd grade, 6th grade 9th grade, and all newly enrolled students who have not had a physical examination within the past 12 months. The physical examination must be completed and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School Name: _____

School Address: _____

School Phone: _____

Physical Examination: (To be completed by physician)

Growth Measurements:

Height: _____ Weight: _____

Dietary restrictions: _____

Physiologic Measurements:

Temp: _____

Pulse: _____

Respiration: _____

Blood Pressure: _____

Urinalysis: _____

Physical Exam:

General Appearance: _____

Skin: _____

Head: _____

Neck: _____

Eyes: _____

Vision Test: Both _____ Right _____ Left _____

Ears: _____

Hearing Test: pass fail

Nose/Mouth/Throat: _____

Chest: _____

Abdomen: _____

Genitalia: _____

Back and Extremities: _____

Neurologic Exam: _____

Chronic conditions and treatment:

Should physical activity be restricted?

yes _____ no _____

If yes, specify

degree _____

Other restrictions _____

Preferential Seating _____

Signature: _____

Date: _____ Date of Examination: _____

Other Medications/Inhaler: _____

Reasons for taking: _____

Other Health Concerns: diabetes _____ heart _____
problem _____ bleeding _____ eating _____ sleeping _____
bowel _____ bladder _____ bed wetting _____ dental _____
skin _____ menstrual history _____ phobias (fears) _____
blood pressure _____ orthopedic _____ neurologic _____
head aches _____ blood disorder _____ lungs _____
sickle cell anemia _____ TB exposure _____
EXPLAIN: _____

Other illness, injury, or health problem that might affect performance at school: _____

Medical History: (To be completed by parent)

Eyes: Glasses _____ (reading _____ distance _____)
Contacts _____ other _____

Ears: frequent infections _____
tubes _____
hearing difficulty (explain) _____
hearing aid - right _____ left _____ wear at school _____

Allergies: (drugs, food, insects, pollens)
Please list: _____

Has the allergy ever required emergency action? (explain) _____

Asthma: Yes _____ No _____
Triggered by: _____

Treatments/Medications: _____

Diagnosed by physician (date): _____

Seizures: Yes _____ No _____
Date of last seizure: _____
Describe seizure: _____

Medication: _____