



Department of Student Support Services  
Office of Health Services  
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## IMMUNIZATION EXEMPTIONS in MISSOURI

There are 2 circumstances under which evidence of immunization is not required. A child may continue to attend school without required immunizations if:

- 1) **MEDICAL:** a physician submits a **signed statement** to the administrator of the school stating that an immunization is contraindicated for medical reasons or because of laboratory confirmation of adequate immunity. **(does not require annual renewal).**
- 2) **RELIGIOUS:** a child's parent or guardian or an adult submits a **signed statement** to the administrator of the school stating that the person has not been immunized because of religious beliefs. The immunization(s) objected to must be specified in the statement. **(does not require annual renewal)**

*A child may also attend school if he or she has begun the process of obtaining the required immunizations and can provide satisfactory evidence that he or she is doing so in the prescribed manner. i.e. IN PROGRESS.*

There are 2 circumstances under which evidence of immunization is not required. A child may continue to attend a **child care facility** without required immunizations if:

- 1) **MEDICAL:** a physician submits a **signed statement** to the administrator of the child care facility stating that an immunization is contraindicated for medical reasons or because of laboratory confirmation of adequate immunity.
- 2) **PARENTAL:** a child's parent or guardian submits a **signed statement** to the administrator of the school or child care facility stating that the person has not been immunized because of philosophical objections. The immunization(s) objected to must be specified in the statement. **(requires annual renewal).**

In addition, Students in Transition have up to 30 days to provide proof of immunization compliance. If assistance with arrangements to get immunizations is needed, this should be brought to the attention of the Students in Transition office at 314-345-4501 or contact [deidre.thomas-murray@slps.org](mailto:deidre.thomas-murray@slps.org).

School Nurse: \_\_\_\_\_ Phone Number: \_\_\_\_\_