



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
2023-2024 CHILD CARE/PRESCHOOL IMMUNIZATION STATUS REPORT

By January 15, 2024 this completed IMM.P.32 form must be forwarded to:
 Missouri Department of Health and Senior Services
 Bureau of Immunizations
 P.O. Box 570
 Jefferson City, MO 65102-0570
 (573) 751-6124 toll free 1-800-219-3224
 Fax: (573) 526-0238

Mailing Address Correct: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please make corrections on the label to the right)	County:	DVN:	Facility Name:
Phone:	Address:		
	City:	State:	Address2:
		Zip:	
Email Address:			

If 10 or more preschool age children (birth to school entry) are enrolled, complete entire report and return by January 15, 2024.
 If less than 10 preschool age children (birth to school entry) are enrolled, check box and return report by January 15, 2024

2023-2024	PRESCHOOL AGE GROUPS				
	0 thru 2 months	3 thru 4 months	5 thru 6 months	7 thru 18 months	19 months to Kindergarten entry
NUMBER ENROLLED: PLEASE ENTER THE TOTAL NUMBER OF CHILDREN ENROLLED - BY AGE GROUP					
DTAP/DT	not applicable	1 dose	2 doses	3 doses	4+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
POLIO (IPV)	not applicable	1 dose	2 doses	2 doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
HIB	not applicable	1 dose	1+ doses	2+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
HEPATITIS B	not applicable	1 doses	2 doses	2 or 3+ doses	3+ doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
PCV (Pneumococcal)	not applicable	1 dose	2 doses	3 doses	4 doses
Children fully immunized					
Children in progress					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
MMR (MEASLES, MUMPS, RUBELLA)	not applicable				1 dose
Children fully immunized					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					
Children in noncompliance without immunization record					
VARICELLA	not applicable				1 dose or proof of disease
Children fully immunized					
Children with proof of disease					
Children with medical exemption					
Children with parental exemption					
Children in noncompliance with immunization record					

Prepared by:	Title:	Date:
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