



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Asa Hutchinson

Nathaniel Smith, MD, MPH, Director and State Health Officer

## 2019-2020 Medical Exemption - Influenza Vaccine Nursing Home Employees

You have requested an application for a medical exemption from the Influenza Vaccination requirement for nursing home employment. **All nursing home facilities shall require all part-time and full-time employees to be immunized against the influenza disease per Arkansas Code Annotated §20-10-1305. Employees may be exempt from this requirement if they qualify for a medical exemption.** A letter from your physician explaining the medical reason for your request must be submitted along with your application.

Applications for exemptions must be submitted **annually** to the Arkansas Department of Health. Only a 2019-2020 Medical Exemption Application will be accepted for July 1, 2019, through June 30, 2020. The Arkansas Department of Health is the only entity authorized by state law to grant exemptions to this requirement. A letter issued by the Immunization Medical Director is the only acceptable validation of an exemption. Statements from a physician are not to be accepted by the nursing home without this letter.

Please note that the law requires you to complete an educational activity when requesting an exemption. You can meet the required educational activity by reviewing the Influenza Vaccine Information Statement from the Centers for Disease Control and Prevention that is enclosed with the application packet. The Influenza Vaccine Information Statement tells the risks and benefits of the influenza vaccine. On page 3 of this application packet, you will be asked to sign that you have received and reviewed this sheet, that you understand the risks and benefits of the vaccine, and that you still request a medical exemption. The form must also be signed by a Notary Public.

Once you have completed and submitted an application to the Arkansas Department of Health, you will receive a letter of approval or denial within ten (10) working days upon receipt of the completed application. Be sure to complete each part of the application. Applications that are incomplete will not be accepted and will be returned to you for completion. This will delay the processing time of your application. If you submit an incomplete application, you will be sent a checklist listing the reason(s) we were unable to process your application. You will then need to include the requested information and return the updated application for processing as soon as possible by fax, email, or mail; see page six of the application.

**You are responsible for notifying your employer that your request for a medical exemption has been approved or denied, and you are responsible for retaining the original document.** If approved, a copy of the approval letter is to be placed in your permanent personnel file at the nursing home.

If you have questions, please call the Immunization Section toll free at 1-800-574-4040.

Sincerely,

Jennifer Dillaha, MD  
Medical Director, Immunizations  
Center for Health Protection

# 2019 – 2020 Nursing Home Employees Influenza Vaccine Exemption Application

*To avoid processing delays, be sure to complete each part and attach a letter from your physician.*

All nursing home facilities shall require all full-time and part-time employees to be immunized against influenza disease. Employees may be exempt if they qualify for a Medical Exemption. A letter from the employee's physician explaining the medical reason for exemption must be submitted along with the exemption application.

## 1. Employee's FULL Name and Contact Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender \_\_\_\_\_ Position/Title \_\_\_\_\_

Race: (Select up to 3)  Alaskan Native or American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other

Ethnicity: (Select 1)  Hispanic or Latino  Not Hispanic or Latino

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. Nursing Home Facility Information:

Administrator \_\_\_\_\_

Facility Name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Statement of Refusal to Vaccinate

Influenza or "flu" is a contagious disease typically spread by coughing, sneezing, or nasal secretions. I understand that if I do not receive the Influenza vaccine, I am at risk of fever, sore throat, cough, chills, headache, muscle aches, fatigue, pneumonia, difficulty breathing, hospitalization, and death.

I have decided to decline the influenza vaccine due to the medical reasons described in the physician's statement attached to this application.

I affirm that I have received and reviewed the **Influenza Vaccine Information Statement** from the Centers for Disease Control and Prevention. I have read and signed the **Statement of Refusal to Vaccinate**, and I still want to apply for a medical exemption to the influenza vaccine requirement.

I understand: 1) the purpose and need for the required vaccine, 2) the risks and benefits of the required vaccine, and 3) that by not receiving the vaccine, I can get influenza, transmit the disease to others, or be removed from the facility during an influenza outbreak. I may also be removed from the facility if I have symptoms of influenza. I further understand that I will not be allowed to return to the facility until the outbreak has ended and the Arkansas Department of Health approves my return.

I understand that I may reconsider and accept the Influenza vaccine at any time in the future. Influenza vaccination is strongly recommended by the Arkansas Department of Health, the American Academy of Family Physicians, the American College of Physicians, and the Centers for Disease Control and Prevention.

I understand that I may contact my personal physician, a pharmacy, or the Arkansas Department of Health toll-free at 1-800-574-4040 if I have questions about flu vaccination.

Signature \_\_\_\_\_  
*Nursing Home Employee*

## Notary Public

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.



Signature \_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

**Please Return Application: CHOOSE ONE METHOD ONLY**

**MAIL to: Arkansas Department of Health  
ATTN: Medical Exemptions  
4815 West Markham, Mail Slot #48  
Little Rock, AR 72205**

**EMAIL to: [Immunization.Section@arkansas.gov](mailto:Immunization.Section@arkansas.gov)  
FAX to: (501)661-2300**

Stricken language would be deleted from and underlined language would be added to law as it existed prior to the 82nd General Assembly.

1 State of Arkansas  
2 82nd General Assembly  
3 Regular Session, 1999

As Engrossed: S2/15/99 S3/4/99 H4/2/99

## A Bill

Act 1524 of 1999  
SENATE BILL 346

4

5 By: Senator Bradford

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### For An Act To Be Entitled

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"THE NURSING HOME RESIDENT AND EMPLOYEE IMMUNIZATION  
10 ACT OF 1999."

11

12

### Subtitle

13

"THE NURSING HOME RESIDENT AND EMPLOYEE  
14 IMMUNIZATION ACT OF 1999."

15

16

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

18

19 SECTION 1. Title. This act shall be known and may be cited as the  
20 "Nursing Home and Employee Immunization Act of 1999".

21

22 SECTION 2. Purpose.

23 In recognition that the sixth leading cause of death in Arkansas is the  
24 combined diagnostic category of 'pneumonia/influenza'; that approximately  
25 ninety percent (90%) of the 'pneumonia/influenza' deaths are in those over  
26 sixty-five (65) years of age; that the Centers for Disease Control ('CDC')  
27 recommends that individuals over the age of sixty-five (65) years have annual  
28 flu shots and a pneumococcal vaccine once; that the CDC further suggests that  
29 consent for immunization be acquired at the time of nursing home admission;  
30 that current utilization of the flu shots by nursing home residents is  
31 approximately fifty percent (50%); that the elderly living in an institutional  
32 setting, where disease may be more readily transmitted, are less protected  
33 than those living in the community; and that the pneumococcal vaccine  
34 utilization by nursing home residents is approximately thirty percent (30%).

35

36 SECTION 3. Definitions. As used in this act:

\*SJH421\*

0203991127.SJH421

1           (1) "Document" means evidence from a person's physician or healthcare  
2 provider in written format indicating the date and place when the individual  
3 received the influenza virus vaccine and the pneumococcal pneumonia vaccine;

4           (2) 'Nursing home facilities' means facilities that include any  
5 buildings, structure, agency, institution, or place for the reception,  
6 accommodation, board, care, or treatment of two (2) or more individuals, who  
7 because of physical or mental infirmity, are unable to sufficiently or  
8 properly care for themselves, and for which reception, accommodation, board,  
9 care, or treatment, a charge is made, provided the term 'nursing home' shall  
10 not include the offices of private physicians and surgeons, residential health  
11 care facilities, hospitals, institutions operated by the federal government or  
12 any other similar facility where individuals reside or any facility which is  
13 conducted by and for those who rely exclusively upon treatment by prayer alone  
14 for healing in accordance with the tenets or practices of any recognized  
15 religious denomination;

16           (3) "Medically contraindicated" means either that the influenza or  
17 pneumococcal vaccines should not be administered to an individual because of a  
18 condition that individual has that will be detrimental to the individual's  
19 health if the individual receives either of the vaccines;

20           (4) "Report" means to maintain a current list or roster of vaccine  
21 status for residents and employees and, by December 1 of each year, to provide  
22 that list to the Office of Long-Term Care of the Department of Human Services.

23

24           SECTION 4. Implementation.

25           (a)(1) The Arkansas Board of Health may promulgate rules and regulations  
26 to provide for the immunization against influenza virus and pneumococcal  
27 disease as provided for in this act. The Office of Long Term Care shall be  
28 granted authority to enforce the rules and regulations.

29           (2) The Arkansas Board of Health may also promulgate rules and  
30 regulations to provide for the immunization of other individuals and require  
31 other institutions and facilities to provide the immunizations provided for in  
32 this act.

33           (b) Each nursing home facility in this state shall:

34           (1) Obtain consent from residents or their legal guardians upon  
35 admission to participate in all immunization programs that are conducted  
36 within the facility while that person is a resident of that facilities, and

1 not in violation of the resident's right to refuse treatment;

2 (2) As a condition of their employment, require all employees to  
3 participate in immunization programs conducted while they are employed at the  
4 facility, unless meeting the qualifications for exemptions as listed in  
5 Section 4 of this act;

6 (3) Document and report, annually, immunizations against  
7 influenza virus for both residents and full-time and part-time employe  
8 Document and report, annually, immunizations against pneumococcal disease for  
9 residents.

10 (c) Any nursing home facility which violates this act shall be subject  
11 to suspension and revocation of its license.

12 (d) The Arkansas Department of Health shall provide vaccines, supplies, and  
13 staff necessary for the immunizations of nursing home residents and employees  
14 as provided for in this act.

15

16 SECTION 5. Exemptions. All residents or full-time or part-time  
17 employees of nursing home facilities shall be immunized according to this act  
18 with the following exemptions:

19 (1) No individual shall be required to receive either an influenza  
20 virus vaccine or a pneumococcal pneumonia vaccine if the vaccine is medically  
21 contraindicated as described in the product labeling approved by the Food and  
22 Drug Administration; and

23 (2) The provisions of this section shall not apply if the resident or  
24 legal guardian object on the grounds that the immunization conflicts with the  
25 religious tenets and practices of a recognized church or religious  
26 denomination of which the resident or guardian is an adherent or member.

27

28 SECTION 6. All provisions of this act of a general and permanent nature  
29 are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code  
30 Revision Commission shall incorporate the same in the Code.

31

32 SECTION 7. If any provision of this act or the application thereof to  
33 any person or circumstance is held invalid, such invalidity shall not affect  
34 other provisions or applications of the act which can be given effect without  
35 the invalid provision or application, and to this end the provisions of this  
36 act are declared to be severable.

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SECTION 8. All laws and parts of laws in conflict with this act are hereby repealed.

*/s/ Bradford*

APPROVED: 4/16/1999

## VACCINE INFORMATION STATEMENT

# Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

#### Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

### 2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

### 3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**  
If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.
- **If you ever had Guillain-Barré Syndrome (also called GBS).**  
Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.
- **If you are not feeling well.**  
It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

## 4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

**Minor problems** following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

**More serious problems** following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

**Problems that could happen after any injected vaccine:**

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

## 5 What if there is a serious reaction?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling **1-800-822-7967**.

*VAERS does not give medical advice.*

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling **1-800-338-2382** or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu)

### Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26

Office Use Only

