Arkansas 2020-2021 Immunization Exemption Application Packet for College or University Students

The Arkansas Board of Health requires that all students attending colleges and universities in the State of Arkansas be immunized against measles, mumps, and rubella. The Arkansas Department of Health is authorized by Act 999 of 2003 to grant individual exemptions from the immunization requirements. This packet contains an application for exemption, which you have requested, or you may complete the online application at https://OnlineImmunizationExemption.ADH.Arkansas.gov/. The application may be completed by parents or guardians of students or by students who are 18 years of age or older.

An application must be submitted for each student requesting an exemption from this immunization requirement. An application with a notarized signature must be submitted each school year to the Department of Health. Only a 2020-2021 Immunization Exemption Application will be accepted for the 2020-2021 school year. When approved, exemptions will be effective for the start of the Fall session in 2020 and go through the Summer sessions of 2021.

As part of the application, the law requires that the parent/guardian or college/university student complete an educational activity when requesting an exemption. The required educational activity can be met by reading the enclosed Vaccine Information Statement from the Centers for Disease Control and Prevention. This statement provides information about the measles, mumps, and rubella (MMR) vaccine. On page 6 of this application packet, you are asked to sign that you have received and reviewed the Vaccine Information Statement about the MMR vaccine, that you understand the risks and benefits of the MMR vaccine, and that you still choose to request an exemption.

Please submit your completed application to the Arkansas Department of Health Immunization Section. 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 delay will increase the time needed for processing your application. We will send you a letter of approval or denial within ten working days of receiving a completed application. If your application is not complete, we will send you a checklist showing 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.

After you have received your approval letter, you are responsible for notifying your college or university that the exemption request has been approved. You are responsible for retaining the original letter. A copy of the approval letter is to be placed in the student’s file at the college or university they attend.

Release of information will be provided only to the custodial parent/guardian or student who completes this application according to the notarized signature. If you have questions, please call the Immunization Section toll free at 1-800-574-4040.

Sincerely,

Jennifer Dillaha, M.D.
Medical Director, Immunizations
Center for Health Protection
If You Choose Not to Receive the MMR Vaccine, Understand the Risks and Responsibilities.

If you choose to reject the MMR vaccine, there can be risks.

Be aware:

- Measles, mumps, and rubella are vaccine-preventable diseases that can strike at any time in the U.S., because all of these diseases still circulate either in the U.S. or elsewhere in the world.
- Illnesses that result from these diseases, as well as the other vaccine-preventable diseases, can range from mild to severe and life-threatening. In most cases, there is no way to know beforehand if a person will get a mild or serious case.

When there is a vaccine-preventable disease in your community:

- It may not be too late to get protection by getting vaccinated.
- If there are cases (or, in some circumstances, a single case) of measles, mumps, or rubella in your community, the student may be excluded from the college or university or from organized activities, such as sports, until the outbreak is over.
- Your college or university will tell you when it is safe for an unvaccinated student to return. Unvaccinated students must be prepared to stay home for several days and up to several weeks.

Why vaccinate?

**Vaccines save lives** and protect against the spread of disease. Choosing not to immunize puts you/your child at risk. You/Your child could catch a disease that is dangerous or deadly. Getting vaccinated is much better than getting the disease.

**Vaccines work.** They have kept people healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90 to 99 percent effective in preventing disease. And if a vaccinated person does get the disease, the symptoms are usually less serious than in a person who hasn’t been vaccinated.

**Vaccines are safe.** All vaccines used in the U.S. must be approved by the Food and Drug Administration (FDA). The FDA will not let a vaccine be given unless it has been proven to be safe and to work well in people. The results are reviewed again by the Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics, and the American Academy of Family Physicians before a vaccine is officially recommended to be given to children. Also, the FDA monitors where and how vaccines are made. The places where vaccines are made must be licensed. They are regularly inspected and each vaccine lot is safety-tested.
What if you don’t vaccinate your child/yourself?

- You/Your child will be left at risk of catching the disease. Vaccines were developed to protect people from dangerous and often fatal diseases. Vaccines are safe and effective, and the vaccine-preventable diseases are still a threat.

- You/Your child will be an infectious disease threat to others. Persons who are not vaccinated can readily transmit vaccine-preventable diseases to others in their community.
  - Unvaccinated persons can pass diseases on to babies who are too young to be fully vaccinated.
  - Unvaccinated persons pose a threat to children and adults who cannot be vaccinated for medical reasons. This includes people with leukemia and other cancers, immune system problems, and people receiving treatment or medications that suppress their immune system.
  - Unvaccinated persons can infect the small percentage of persons who get vaccinated but do not reach full protection from a vaccine due to medical reasons.

- You/Your child may have to be excluded from college or university. During disease outbreaks, unvaccinated students may be excluded from college or university until the outbreak is over. Excluding unvaccinated students from college or university is for their own protection and the protection of others. Outbreaks may last for several days to several weeks. Therefore, exclusion can be a hardship for the student.

Your vaccination decision affects not only your health or the health of your child, but also all of your family, friends and their families, and your community.

For more information about vaccines, go to:

- Immunization Action Coalition at [www.immunize.org](http://www.immunize.org) and [www.vaccineinformation.org](http://www.vaccineinformation.org).
- Centers for Disease Control and Prevention at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).
- Vaccine Education Center at the Children’s Hospital of Philadelphia at [www.chop.edu/service/vaccine-education-center/home.html](http://www.chop.edu/service/vaccine-education-center/home.html).
- Every Child By Two at [www.ecbt.org](http://www.ecbt.org).

*ADH. December 2019*
Arkansas Immunization College or University Exemption Application
2020-2021 School Year

Please Note: To avoid processing delays, be sure to complete each part.

1. Select ONE of the following reasons for your exemption request:
   □ MEDICAL          □ RELIGIOUS          □ PHILOSOPHICAL
   (Medical – You must attach a physician’s letter stating the medical reason)

2. Student’s FULL Name and Contact Information:

   First ___________________________ Middle ___________________________ Last ___________________________

   Mailing Address ___________________________ City ___________________________ County ___________________________
   (Include P.O. Box and/or Apartment #)

   State ______ Zip ________ Sex(M/F) _____ Date of Birth _____ - _____ - ______

   Race: (Select up to 3) 
   □ Alaska 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 __________________________
   (For college/university student age 18 years or older only)

3. College or University Information:

   College/University ____________________________________________

   Street Address ___________________________ City ___________________________ County ___________________________ Zip ______

   FIRST DAY OF ATTENDANCE FOR 2020-2021 SCHOOL YEAR: _____ / _____ /20 _____
   Month/ Day/ Year

4. Parent/Guardian Contact Information: (Not required if college or university student is age 18 years or older)

   First ___________________________ Middle ___________________________ Last ___________________________

   Street/Mailing Address ___________________________ City ___________________________ County ___________________________

   State ______ Zip ________ Daytime Phone (______) ________ - ________ E-mail __________________________

Page 4 of 6
Statement of Refusal to Vaccinate

Select the box after reading the statement below if you are age 18 years or older and DO NOT want to receive the MMR vaccine or if you are the parent of a student under the age of 18 years and you DO NOT want your child to receive the MMR vaccine.

☐ MMR (Measles, Mumps, and Rubella) vaccine

I understand by not receiving the MMR vaccine, the student listed here is at risk of a rash, fever, cough, diarrhea, muscle aches, ear infections, pneumonia, headaches, seizures, meningitis, brain infections, inflammation of the testicles and ovaries, sterility, arthritis, inflammation of the pancreas, permanent deafness, permanent brain damage, and death. Birth defects if acquired while pregnant include deafness, cataracts, heart defects, mental retardation, and liver and spleen damage in the baby.
I have decided to decline the required MMR vaccine as indicated above, and I have checked the box to show I want to decline it.

I understand that if I or my child is exposed to measles, mumps, or rubella, for which I have chosen an exemption, the student should expect to be excluded from the college or university for 21 days or longer as determined by the Arkansas Department of Health. This is for the protection of the exempted student and the protection of others.

I understand that I may reconsider and accept vaccination for myself or my child at any time in the future.

Under penalty of law, I affirm that I have received and reviewed the entire application packet, including the Vaccine Information Statement from the Centers for Disease Control and Prevention regarding the risks associated with being unvaccinated as stated in this information, and that I still request an exemption from the MMR vaccine.

I understand that any release of information will be provided only to the custodial parent/guardian or the person who completes this application and according to the notarized signature.

Signature ____________________________

Parent/Guardian or College or University Student

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: Exemptions
4815 West Markham, Mail Slot #48
Little Rock, AR 72205

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

Page 6 of 6
Educational Component

Vaccinations are strongly recommended by the Arkansas Department of Health, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention.

Please read the attached documents.
MMR Vaccine (Measles, Mumps, and Rubella): What You Need to Know

1 Why get vaccinated?

MMR vaccine can prevent measles, mumps, and rubella.

- MEASLES (M) can cause fever, cough, runny nose, and red, watery eyes, commonly followed by a rash that covers the whole body. It can lead to seizures (often associated with fever), ear infections, diarrhea, and pneumonia. Rarely, measles can cause brain damage or death.
- MUMPS (M) can cause fever, headache, muscle aches, tiredness, loss of appetite, and swollen and tender salivary glands under the ears. It can lead to deafness, swelling of the brain and/or spinal cord covering, painful swelling of the testicles or ovaries, and, very rarely, death.
- RUBELLA (R) can cause fever, sore throat, rash, headache, and eye irritation. It can cause arthritis in up to half of teenage and adult women. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects.

Most people who are vaccinated with MMR will be protected for life. Vaccines and high rates of vaccination have made these diseases much less common in the United States.

2 MMR vaccine

Children need 2 doses of MMR vaccine, usually:
- First dose at 12 through 15 months of age
- Second dose at 4 through 6 years of age

Infants who will be traveling outside the United States when they are between 6 and 11 months of age should get a dose of MMR vaccine before travel. The child should still get 2 doses at the recommended ages for long-lasting protection.

Older children, adolescents, and adults also need 1 or 2 doses of MMR vaccine if they are not already immune to measles, mumps, and rubella. Your health care provider can help you determine how many doses you need.

A third dose of MMR might be recommended in certain mumps outbreak situations.

MMR vaccine may be given at the same time as other vaccines. Children 12 months through 12 years of age might receive MMR vaccine together with varicella vaccine in a single shot, known as MMRV. Your health care provider can give you more information.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:
- Has had an allergic reaction after a previous dose of MMR or MMRV vaccine, or has any severe, life-threatening allergies.
- Is pregnant, or thinks she might be pregnant.
- Has a weakened immune system, or has a parent, brother, or sister with a history of hereditary or congenital immune system problems.
- Has ever had a condition that makes him or her bruise or bleed easily.
- Has recently had a blood transfusion or received other blood products.
- Has tuberculosis.
- Has gotten any other vaccines in the past 4 weeks.

In some cases, your health care provider may decide to postpone MMR vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting MMR vaccine.

Your health care provider can give you more information.
4 Risks of a vaccine reaction

- Soreness, redness, or rash where the shot is given and rash all over the body can happen after MMR vaccine.
- Fever or swelling of the glands in the cheeks or neck sometimes occur after MMR vaccine.
- More serious reactions happen rarely. These can include seizures (often associated with fever), temporary pain and stiffness in the joints (mostly in teenage or adult women), pneumonia, swelling of the brain and/or spinal cord covering, or temporary low platelet count which can cause unusual bleeding or bruising.
- In people with serious immune system problems, this vaccine may cause an infection which may be life-threatening. People with serious immune system problems should not get MMR vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

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

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do 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. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider.
- 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 www.cdc.gov/vaccines

Vaccine Information Statement (Interim)

MMR Vaccine

8/15/2019 | 42 U.S.C. § 300aa-26