



# Arkansas Department of Health

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

Governor Asa Hutchinson

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

## Arkansas 2023-2024 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 2023-2024 Immunization Exemption Application will be accepted for the 2023-2024 school year. When approved, exemptions will be effective for the start of the Fall session in 2023 and go through the Summer sessions of 2024.

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,

Joel Tumilson, MD  
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).
- American Academy of Pediatrics at [www.aap.org/immunization](http://www.aap.org/immunization).
- National Network for Immunization Information at [www.nnii.org](http://www.nnii.org).
- 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, November 2022*

You may complete the online application at <https://OnlineImmunizationExemption.ADH.Arkansas.gov/>  
**Arkansas Immunization College or University Exemption Application**  
**2023-2024 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)       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 \_\_\_\_\_  
*(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 2023-2024 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 \_\_\_\_\_

## 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*

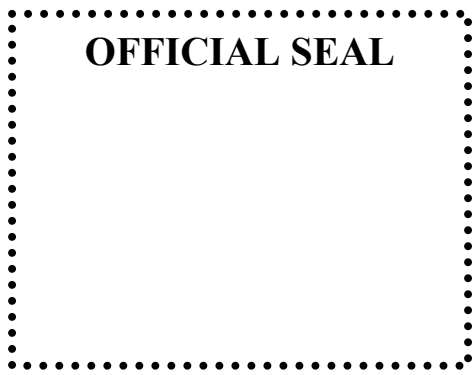
## Notary Public

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

On this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me personally appeared \_\_\_\_\_  
Parent/Guardian or College or University Student

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](mailto:Immunization.Section@arkansas.gov)**

**FAX to: (501)661-2300**