



Arkansas Department of Health

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

Governor Mike Beebe

Paul K. Halverson, DrPH, FACHE, Director and State Health Officer

Arkansas 2012-2013 Immunization Exemption Application Packet

You have requested an application for exemption from immunization requirements. The Arkansas Department of Health is authorized by Act 999 of 2003 to grant individual exemptions from immunizations that are required to attend childcare facilities, public and private schools, or colleges and universities located within the State of Arkansas. Applications for exemptions must be submitted each school year to the Department of Health.

Only a 2012-2013 Immunization Exemption Application with original signatures will be accepted for the 2012-2013 school year. An application must be submitted for each child or individual requesting exemption from the immunization requirements. Exemptions are effective July 1 – June 30 upon approval.

Please note that the law requires that the parent/guardian or college/university student submit a notarized statement and complete an educational component when requesting an exemption. Enclosed for this educational component are Vaccine Information Statements from the Centers for Disease Control and Prevention discussing the risks and benefits of vaccination. On page 4 of this application packet, you will be asked to acknowledge that you have received and reviewed this information, understand the risks and benefits of vaccination, and still choose an exemption.

Once you have submitted a completed application to the Arkansas Department of Health – Immunization Section, you should receive a letter of approval or denial within ten working days. Be sure to complete each section of the application. Applications that are incomplete will not be accepted and will be returned for completion. This will delay the processing time of your application. If you submit an incomplete application, you will be sent a checklist containing 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.

You are responsible for providing a copy of your exemption approval letter to your school, childcare facility, or college/university and for retaining the original document for your records. A copy of the approval letter is to be placed in the requesting individual's file within the facility being attended.

Release of information will be provided only to the custodial parent/guardian or person who completes this application and according to the notarized signature. If you have questions, please call the Immunization Section toll free at (800) 482-5850.

Sincerely,

Dirk Haselow, MD, PhD

Medical Director, Communicable Disease and Immunization Section
Arkansas Department of Health – Center for Health Protection

Statement of Refusal to Vaccinate

Select the vaccine(s) that you **DO NOT** want your child or self to receive.

DTaP (Diphtheria, Tetanus & Pertussis)

I understand by not receiving the DTaP vaccine, the child or student listed here is at risk of developing a sore throat, fever, heart complications, feeding problems, paralysis, respiratory complications, coma, and death.

Hib (Haemophilus Influenzae Type b)

I understand by not receiving the Hib vaccine, the child or student listed here is at risk of developing skin and throat infections, ear infections, meningitis, pneumonia, blood infections, arthritis, permanent brain damage, and death.

Hepatitis B

I understand by not receiving the Hepatitis B vaccine, the child or student listed here is at risk of developing yellow skin or eyes, tiredness, abdominal pain, loss of appetite, nausea, joint pain, and life-long liver problems, such as scarring of the liver and cancer or the need for a liver transplant, and death.

MMR (Measles, Mumps & Rubella)

I understand by not receiving the MMR vaccine, the child or student listed here is at risk of developing 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, and death. Birth defects if acquired while pregnant include deafness, cataracts, heart defects, mental retardation, and liver and spleen damage.

Pneumococcal

I understand by not receiving the Pneumococcal vaccine, the child or student listed here is at risk of developing severe disease including meningitis, blood infections, pneumonia, deafness, brain damage, and death.

Polio

I understand by not receiving the Polio vaccine, the child or student listed here is at risk of developing a fever, sore throat, nausea, headaches, stomachaches, stiffness, paralysis that can lead to permanent disability, and death.

Td (Tetanus)

I understand by not receiving the Td vaccine, the child or student listed here is at risk of developing seizures, serious neuromuscular disease, and death.

Tdap (Diphtheria, Tetanus & Pertussis)

I understand by not receiving the Tdap vaccine, the child or student listed here is at risk of developing pneumonia, seizures, inflammation of the brain, serious neurological complications, and death.

Varicella (Chickenpox)

I understand by not receiving the Varicella vaccine, the child or student listed here is at risk of developing a rash, fever, severe skin infections, scars, pneumonia, seizures, brain infection, and death.

I have decided to decline the required vaccine(s) as indicated above and have checked the appropriate box(es) for the vaccine(s) being declined.

I understand that if the applicant is exposed to a vaccine-preventable disease for which I have chosen an exemption, he or she should expect to be excluded from child care, school, or college/university for 21 days or longer as determined by the Arkansas Department of Health. This is for the protection of the exempted person and the protection of others.

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

Under penalty of law, I affirm that I have received and reviewed the entire application packet, including the Vaccine Information Statements from the Centers for Disease Control and Prevention regarding the risks associated with my child/me not being vaccinated as stated in this information and that I still request an exemption from the vaccines(s).

Release of information will be provided only to the custodial parent/guardian or person who completes this application and according to the notarized signature.

Signature _____
Parent/Guardian or College/University Student

Notary Public

State of _____ County of _____

On this ___ day of _____, 20___, before me personally appeared _____
Parent/Guardian or College/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: _____

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