Arkansas Department of Health

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

Governor Mike Beebe

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

Arkansas 2013-2014 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 2013-2014 Immunization Exemption Application with original signatures will be accepted for the 2013-2014 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 6 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 notifying your school, childcare facility, or college/university that your exemption request has been approved, and you are responsible for retaining the original document. 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

If you Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities.

If you choose to delay some vaccines or reject some vaccines entirely, there can be risks.

Be aware.

- Any vaccine-preventable disease 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.
- Some of the vaccine-preventable diseases that still circulate in the U.S. include whooping cough, chickenpox, Hib (a cause of meningitis), and influenza. 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 child will get a mild or serious case.

When there is 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 a vaccine-preventable disease in your community, you may be asked to take your child out of school, childcare, or organized activities (for example, playgroups or sports).
- Your school, childcare facility, or other institution will tell you when it is safe for an unvaccinated child to return. Be prepared to keep your child home for several days up to several weeks.

Why vaccinate?

Vaccines save lives and protect against the spread of disease. If you decide not to immunize your child, you put your child at risk. 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 children healthy and have saved millions of lives for more than 50 years. Most childhood vaccines are 90% to 99% effective in preventing disease. And if a vaccinated child does get the disease, the symptoms are usually less serious than in a child who hasn't been vaccinated.

Vaccines are safe. All vaccines must be tested 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 children. The data get reviewed again by the Center 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 immunize your child?

- 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 vaccine-preventable diseases are still a threat.

- Your child will be an infectious disease threat to others. Children who are not immunized can readily transmit vaccine-preventable diseases throughout the community.
  - Unvaccinated children can pass diseases on to babies who are too young to be fully immunized.
  - Unvaccinated children pose a threat to children and adults who can't be immunized 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 children can infect the small percentage of children who do not mount an immune response to vaccination.

- Your child may have to be excluded from school or childcare. During disease outbreaks, unimmunized children may be excluded from school or childcare until the outbreak is over. This is for their own protection and the protection of others. It can cause hardship for the child and parent.

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

For more information about vaccines, go to

- Immunization Action Coalition at www.immunize.org and www.vaccineinformation.org.
- Centers for Disease Control and Prevention at www.cdc.gov/vaccines.
- American Academy of Pediatrics at www.aap.org/immunization.
- National Network for Immunization Information at www.nnii.org.
- Vaccine Education Center at the Children's Hospital of Philadelphia at www.vaccine.chop.edu.

ADH, April 2013

Arkansas Immunization Exemption Application
2013-2014 School Year

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

1. Select ONE of the following reasons for your exemption request:

☐ **MEDICAL** ☐ **RELIGIOUS** ☐ **PHILOSOPHICAL**
(Medical - Must attach a physician's letter stating medical reason)

2. Child/Student 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_____-_____-_____ Grade_____

Select ONE Race**:** ☐ Alaskan Native ☐ American Indian ☐ Asian Hawaiian, or Pacific Islander ☐ Black ☐ Hispanic/Latino ☐ White ☐ Other

Daytime Phone (_____) _____-_____ E-mail_____
(For college/university student age 18 years or older only)

3. Childcare, School, or College/University Information: Select ONE: ☐ Public OR ☐ Private

Select ONE: ☐ Home School ☐ Childcare ☐ Preschool ☐ Elementary ☐Middle ☐Jr. High ☐Sr. High ☐College

Facility/School_____ Public School District_____
(Home School- Need school affiliation) ***(Not required for childcare, private schools, or college/university)***

Street Address_____ City_____ County_____

Zip_____ **FIRST DAY OF ATTENDANCE FOR 2013/2014 SCHOOL YEAR: _____/_____/20_____**
Month/ Date/ Year

4. Parent/Guardian Contact Information: *(Not required if college/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 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, Diphtheria)**

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 (Tetanus, Diphtheria, 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 any time in the future.

Under penalty of law, I affirm that I received and reviewed the entire application packet, including the Vaccine Information Statements from the Center of 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 form the vaccine(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.

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