



Arkansas Department of Health

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

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Arkansas 2024-2025 Immunization Exemption Application Packet for Childcare or School Students

The Arkansas Board of Health requires that all children attending childcare facilities and public or private schools in the State of Arkansas be immunized against vaccine-preventable diseases. The Arkansas Department of Health is authorized by Act 999 of 2003 to grant individual exemptions from the immunization requirements.

An application requesting an exemption must be submitted for each child. An application with a notarized signature of the parent or guardian must be submitted each school year to the Department of Health. Only a 2024-2025 Immunization Exemption Application will be accepted for the 2024-2025 school year. When approved, exemptions will be effective for the start of the Fall session in 2024 and go through the Summer sessions of 2025.

As part of the application, the law requires that the parent/guardian complete an educational activity when requesting an exemption. The required educational activity can be met by reading the enclosed Vaccine Information Statements from the Centers for Disease Control and Prevention.

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 child's daycare or school that your exemption request has been approved. You are responsible for retaining the original letter. A **copy** of the approval letter is to be placed in your child's file at the daycare or school. Release of information will be provided only to the custodial parent/guardian who completes this application and according to the notarized signature. If you have questions, please call the Immunization Section toll free at 1-800-574-4040.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Dillaha, M.D." The signature is written in a cursive style and is contained within a light gray rectangular box.

Jennifer Dillaha, MD
Medical Director
Center for Health Protection

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.chop.edu/service/vaccine-education-center/home.html.
- Vaccinate Your Family at <https://www.vaccinateyourfamily.org/>.

ADH, October 2024

You may complete the online application at <https://OnlineImmunizationExemption.ADH.Arkansas.gov/>

Arkansas Immunization Exemption Application

2024-2025 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. Child's FULL Name and Contact Information:

First _____ Middle _____ Last _____

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

State _____ Zip _____ Gender _____ 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

3. Childcare or School Information: Select ONE: Public ^{OR} Private

Select ONE: Home/Virtual Childcare Preschool Elementary Middle Jr. High Sr. High

Facility/School _____ Public School District _____
(Home school, childcare or private school - Need school affiliation or curriculum)

Street Address _____ City _____

County _____ Zip _____ Grade _____

FIRST DAY OF ATTENDANCE FOR 2024-2025 SCHOOL YEAR: _____ / _____ / 20____
Month/ Day/ Year

4. Parent/Guardian Contact Information:

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 to receive.

DTaP (Diphtheria, Tetanus & Pertussis) vaccine

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

Hib (*Haemophilus influenzae* Type b) vaccine

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

Hepatitis A vaccine

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

Hepatitis B vaccine

I understand by not receiving the Hepatitis B vaccine, the child listed here is at risk of yellow skin or eyes, "flu-like" illness, abdominal pain, loss of appetite, nausea, joint pain, and/or 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) vaccine

I understand by not receiving the MMR vaccine, the child 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, 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.

Meningococcal (MCV4) vaccine

I understand by not receiving the Meningococcal vaccine, the child listed here is at risk of meningitis, which is a severe infection of the covering of the brain and the spinal cord. The child is also at risk of blood infections, problems with their nervous system, loss of arms or legs, permanent deafness, suffer from strokes or seizures, and death.

Pneumococcal vaccine

I understand by not receiving the Pneumococcal vaccine, the child listed here is at risk of severe disease including meningitis, which is a severe infection of the covering of the brain and the spinal cord. The child is also at risk of blood infections, pneumonia, permanent deafness, brain damage, and death.

Polio vaccine

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

Td (Tetanus, Diphtheria) vaccine

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

Tdap (Tetanus, Diphtheria, Pertussis) vaccine

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

Varicella (Chickenpox) vaccine

I understand by not receiving the Varicella vaccine, the child listed here is at risk of 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 I have checked the appropriate box(es) for the vaccine(s) I want to decline.

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

I understand that I may reconsider and accept vaccination for 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 Centers for Disease Control and Prevention regarding the risks associated with my child not being vaccinated as stated in this information and that I still request an exemption from the vaccine(s).

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

Signature _____
Parent/Guardian

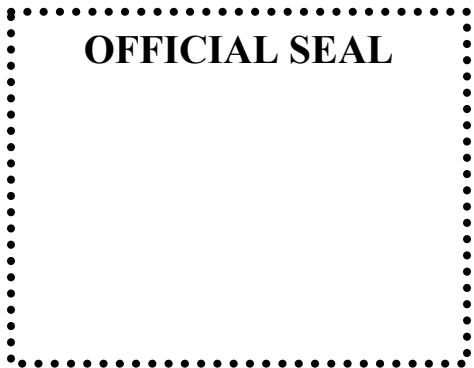
Notary Public

State of _____ County of _____

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

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