Sarah Huckabee Sanders GOVERNOR Renee Mallory, RN, BSN SECRETARY OF HEALTH Jennifer Dillaha, MD DIRECTOR



# Arkansas 2025-2026 Immunization Exemption Application Packet for College or University Students

The State of Arkansas requires all students attending colleges and universities in the state be immunized against measles, mumps, and rubella (MMR). However, Act 999 of 2003 authorizes the Arkansas Department of Health (ADH) to grant exemptions from this requirement.

This packet contains an application for exemption, which can also be completed online at https://OnlineImmunizationExemption.ADH.Arkansas.gov/. An application must be submitted for each student requesting an exemption from this immunization requirement. Only a 2025-2026 Immunization Exemption Application will be accepted for the 2025-2026 school year. Steps include:

- 1. Fill out an application. Applications must include a notarized signature.
  - Applications for students aged 17 or younger must be completed by their parents or guardians, while students age 18 or older may complete their own application.
- 2. Complete an educational activity. The law requires that the student or their parent or guardian complete an educational activity when requesting an exemption. This can be met by reading the enclosed Vaccine Information Statement on the MMR vaccine from the Centers for Disease Control and Prevention.
  - Later in the application, you will be asked to sign that you have received and reviewed the Vaccine Information Statement about the MMR vaccine, that you understand its risks and benefits, and that you still choose to request an exemption.
- 3. Submit the completed application to the ADH Immunization Section.
  - Each part of the application must be completed, or it will be returned to the applicant. Returned applications will include a checklist showing the reason it could not be processed. Once fixed, the application can be resubmitted.
- **4. Wait for approval**. The ADH will send the applicant a letter of approval or denial within 10 working days of receiving a completed application.

Arkansas Department of Health 4815 West Markham St. • Little Rock, AR 72205

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• When approved, exemptions will be effective for the start of the fall session in 2025 and go through the summer sessions of 2026.

After receiving the approval letter, the student or their parent or guardian is responsible for notifying the college or university about the approved exemption. They are also responsible for keeping the original letter for their records. A copy of the approval letter should also be placed in the student's file at the college or university they attend.

Only the student or the parent or guardian who signed the application will be able to receive information related to the exemption. For more information, please call the Immunization Section toll free at 1-800-574-4040.

Sincerely,

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Sarah Labuda, MD, MPH, CTropMed<sup>®</sup> Medical Director Immunizations and Child Health Programs

### 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 can be prevented by vaccines. These diseases still exist in the United States and other parts of the world, so they can spread here at any time.
- These diseases—and others that vaccines can prevent—cause illnesses that range from mild to life-threatening. In most cases, there is no way to know whether a person will get a mild or serious case.

### When there are cases of measles, mumps, or rubella in the community:

- It may not be too late to get protection by getting vaccinated.
- The student may be asked to stay away from the college or university or from organized activities, such as sports, until the outbreak is over.
- The college or university will tell students who did not get vaccinated when it is safe to return. This could last from several days 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. Two doses of the MMR vaccine are 97% effective in preventing measles, 86% effective in preventing mumps, and 97% effective in preventing rubella. 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. Anyone not vaccinated can readily transmit vaccine-preventable diseases to others in their community. This includes:
  - Babies who are too young to be fully vaccinated.
  - Children and adults who cannot be vaccinated for medical reasons, such as people with leukemia and other cancers, immune system problems, and people receiving treatment or medications that suppress their immune system.
  - The small percentage of people 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 asked to stay away from college or university until the outbreak is over. This protects both the student and others. Outbreaks may last from 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 members, friends and their families, and your community.

For more information about vaccines, go to:

- Immunization Action Coalition at <u>www.immunize.org</u> and <u>www.vaccineinformation.org</u>.
- Centers for Disease Control and Prevention at <u>www.cdc.gov/vaccines</u>.
- American Academy of Pediatrics at <u>www.aap.org/immunization</u>.
- National Network for Immunization Information at <u>www.nnii.org</u>.
- Vaccine Education Center at the Children's Hospital of Philadelphia at www.chop.edu/service/vaccine-education-center/home.html.
- Every Child By Two at <u>www.ecbt.org</u>.

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

# Arkansas Immunization College or University Exemption Application 2025-2026 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

 (For Medical – You must attach a physician's letter stating the medical reason)
 PHILOSOPHICAL

### 2. Student's FULL Name and Contact Information:

First	Middle		_Last	
Mailing Address (Include P.O. Box and/or A	Apartment #)	City	C	ounty
(include 1.0. Dox and/or 1				
State Zip	Sex(M/F)	Date of Birth		
Race: (Select up to 3)	Alaskan Native or Asian American Indian	Black or African American	Native Hawaiian or Pacific Islander	White Other
Ethnicity: (Select 1)	Hispanic or Latino	Not Hispanic or Lat	ino	
Daytime Phone (	)E-r (For college/university	nail v <i>student aged 18 ye</i>	ears or older only)	
3. College or Univer	sity Information:			
College/University				
Street Address		_City	County	Zip
FIRST DAY OF AT	TENDANCE FOR	2025-2026 SCI	HOOL YEAR	://20 Month/ Day/ Year
<b>4. Parent/Guardian</b> (Not required if college or t			nation:	
First	Middle		_Last	
Mailing Address (Include P.O. Box and/or A	Apartment #)	City	C	ounty
StateZip	_ Daytime Phone ()	E	-mail	

### **Statement of Refusal to Vaccinate**

I understand that by not receiving the MMR vaccine, the student listed here is at risk for serious health problems. These include 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.

Check the box below if you are 18 years or older and choose not to get the MMR vaccine, or if you are a parent of a child under 18 years old and choose not to have your child get the MMR vaccine.

### MMR (Measles, Mumps, and Rubella) vaccine

I have decided to decline the required MMR vaccine as indicated above, and I have checked the box to confirm this choice.

I understand that since I have declined the vaccine, if I or my child is exposed to measles, mumps, or rubella, the student will need to stay away from the college or university for 21 days or longer as determined by the ADH. This step is to protect both the exempted student and others.

I also understand that I may change my decision and choose to get vaccinated 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. This includes the Vaccine Information Statement from the Centers for Disease Control and Prevention, which explain the risks of not vaccinating.

I understand that only the custodial parent or guardian or person who completes this application and provides a notarized signature can receive information related to this exemption.

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.

OFFICIAL SEAL	Signature Notary Public		
-	My Commission Expires <u>:</u>		
	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 <u>EMAIL to:</u> <u>Immunization.Section@arkansas.gov</u> FAX to:(501)661-2300		