



# Arkansas Department of Health

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

Paul Halverson, DrPH, Interim Director

Mike Huckabee, Governor

Dear Parent/Guardian or College/University Student:

You have requested an application for an exemption from immunization(s) for your child/self based on medical need or your religious or philosophical beliefs. Applications for exemptions must be submitted annually to the Arkansas Department of Health and Human Services (DHHS). The DHHS is the only entity authorized by Act 999 of 2003 to grant exemptions from immunizations required to attend a public and private school, child care facility, or college/university in Arkansas. No other agency, facility, physician, nurse or person is authorized by state law to grant your request for a medical, religious, or philosophical exemption.

**Only a current application with original signatures will be accepted for consideration. Incomplete applications will not be accepted and will be returned for completion, delaying the processing of your request. An application must be submitted for each child.**

Note that the law requires that the parent/guardian or college/university student complete an education component. Enclosed with this packet is information from the Centers for Disease Control and Prevention discussing the risks and benefits for vaccination.

On page 3, you will be asked to acknowledge that you have received this medical information, understand the risks and benefits of vaccination, and still choose an exemption.

Once you have submitted a completed application to the DHHS for review, you will receive a confirmation card stating the date your application was received. This confirmation card will be mailed within ten (10) working days after receipt of the completed application.

Questions can be addressed by calling 501-661-2169.

Sincerely,

Charles H. Beets, Sr., Work Unit Leader  
CD/Immunizations

Enclosure

## Arkansas Exemption Application General Information

Arkansas School Immunization Law (Act 999 of 2003) states that individuals shall complete an **annual** application for **all** exemptions and include all of the following:

- notarized statement by the individual requesting the exemption,
- educational component that includes information on the risks and benefits of vaccinations,
- signed informed consent provided by the Arkansas Department of Health and Human Services that includes-
  - a refusal to vaccinate statement,
  - a statement of understanding that at the discretion of the Arkansas Department of Health and Human Services the non-immunized child/individual may be removed from daycare, school, college or university during a vaccine-preventable disease outbreak.
  - the non-immunized child/individual shall not return until the disease outbreak has been resolved and the Arkansas Department of Health and Human Services approves his/her return.

Complete the following information: **Choose ONE**

**Medical**      {} Attach Physician's Letter

**Non-Medical** {} Religious or {} Philosophical

Child's/Student's **FULL** Name:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

(If college/university student age 18 or over) Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Daycare - School (Include District) - College/University:

Name \_\_\_\_\_ District \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

Zip \_\_\_\_\_ Date Enrolled (05/06 School Year) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Check One: {} College/University    {} Sr. High    {} Jr. High    {} Middle

{} Elementary    {} Kindergarten    {} Preschool    {} Daycare

Parent/Legal Guardian's FULL Name: (not necessary, if college/university student age 18 or over)

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_