



Student Immunization Form

University of Arkansas at Little Rock ♦ 2801 S. University Ave. ♦ Little Rock, Arkansas 72204-1099 ♦ (501) 569-3188

Arkansas Certification of Immunization for Institutions of Higher Education

In compliance with Arkansas state law, the University of Arkansas at Little Rock requires all students born after January 1, 1957 to provide proof of immunity against measles, mumps, and rubella.

Name of student _____ Birth Date _____

Address _____

T Number _____ Phone _____

If you were born after January 1, 1957 you must:

1) Attach an official immunization record from another educational institution in Arkansas (high school or college).*

OR

2) Attach an immunization certificate signed by a licensed medical doctor or an authorized public health department representative.*

OR

3) Have Section A or B completed and signed.

OR

4) Have an acceptable medical waiver checked under "Condition."

A. DECLARATION

I hereby certify that the person named above has received:

An MMR (measles, mumps, & rubella) vaccine on:

MO/ _____ DAY/ _____ YR/ _____

MO/ _____ DAY/ _____ YR/ _____

OR

Two (2) measles vaccines before January 1, 2010*

MO/ _____ DAY/ _____ YR/ _____

MO/ _____ DAY/ _____ YR/ _____

AND

One (1) mumps vaccine before January 1, 2010*

MO/ _____ DAY/ _____ YR/ _____

AND

One (1) rubella vaccine before January 1, 2010*

MO/ _____ DAY/ _____ YR/ _____

Condition**

1. **A history of disease as confirmed by a positive laboratory test**

Measles Mumps Rubella

2. **Immune deficiency diseases (i.e. combined immunodeficiency, agammaglobulinemia, or hypogammaglobulinemia of any class).**

3. **A family history of immune deficiency disease (see 1 above) unless immune deficiency has been ruled out in that person.**

4. **Depressed immune system due to:**

Generalized malignancy, leukemia, or lymphoma currently or in the past. ***

Treatment with corticosteroids, alkylating drugs, anti-metabolites, or radiation.

5. **Pregnancy**

6. **Receipt of immune globulin injections in the previous three months. (Vaccine should be given after three months have elapsed).**

7. **A history of severe systemic allergic reaction**** after exposure to neomycin.**

8. **For measles, a history of severe systemic allergic reaction**** after ingestion of eggs.**

* **Measles, mumps, and rubella vaccines must have been received after the first birthday and after January 1, 1968.**

** Medical exemptions for conditions not listed may not be allowed unless approved by the Arkansas Department of Health. Physicians must contact the Arkansas Department of Health Immunization Program, 4815 W. Markham Street, Little Rock, AR 72205-3867, telephone (501) 661-2169.

*** Physicians are encouraged to test the immune function of those thought to be "cured"; if the immune function is adequate, immunization is encouraged.

**** "Severe allergic reaction" means a reaction involving at least one of the following symptoms: urticarial rash, swelling of the mouth and throat, difficulty breathing, hypotension, shock.

Signed: _____
Licensed Medical Doctor or Public Health Official Date

Name of Signee: _____ Phone: () _____
Type or Print

Address of Signee: _____
Street/City/State/Zip