



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/waiver(s) 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

B. APPLICATION FOR RELIGIOUS EXEMPTION TO IMMUNIZATION REQUIREMENTS OF INSTITUTIONS OF HIGHER EDUCATION.

Section 4 of Act 141 reads as follows:

The provisions of this Act shall not apply if the individual furnishes to the college or university written proof from a church or denomination official that such immunization conflicts with the religious tenets and practices such recognized church or religious denomination of which said individual is an adherent or member.

To claim a religious exemption, students must demonstrate that the "religious tenets and practices" on which they base their objections to immunization are those of a "recognized" religion. Such evidence as a permanent address, existence of a written constitution or plan of organization, a written theology or statement of beliefs, certification of tax-exempt status, and copies of legal documents filed with any governmental agency will be considered. Students must also submit an explicit and specific statement of the church's or denomination's condemnation or disapproval of immunization, demonstrating why immunization is not allowed or approved. Personal or philosophical opposition to immunization without this specific doctrinal conflict is not a valid basis for an exemption.

Name of Church or Religious Denomination

ADDRESSES:

National Headquarters

Local Affiliate

CHURCH OFFICIAL:

Name

Title

Address

Phone

1. Please attach a copy of your doctrine or that part of it which specifies that immunizations conflict with the tenets and practices of your church or religious denomination and explain how the conflict is derived.
2. Please attach a copy of any legal documents filed with a local, state or national governmental agency.

DECLARATION

This is to certify that immunizations conflicts with the religious tenets and practices of _____

(Name of Church or Religious Denomination)

of which _____
(Student Name) (Address Street/City/State/Zip) (Phone)

is an adherent or member. _____
(Signature of Church or Denomination Official)

State of _____ County of _____ on this _____ Day of _____, 20 ____

personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the application are true.

SEAL

Signature of Notary Public: _____

My Commission expires: _____