

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 and rubella.

Name of student: Last/ First/Middle _____ Birth Date _____

Address: Street/City/State/Zip _____

Social Security No. _____ 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.

A. DECLARATION

I hereby certify that the person named above

(1) has received measles vaccine*
on
MO/ _____ DAY/ _____ YR/ _____

MO/ _____ DAY/ _____ YR/ _____

(2) and received rubella vaccine*
on
MO/ _____ DAY/ _____ YR/ _____

or

(3) has the acceptable medical waiver(s) for either or both vaccines checked under "Condition."

CONDITION**

- 1. A history of disease as confirmed by a positive laboratory test
 - Measles
 - Rubella
- 2. Immune deficiency disease (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 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 West 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 systemic 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