



# Student Immunization Form

University of Arkansas at Little Rock, 2801 S. University Ave., Little Rock, AR 72204

### 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 on or after January 1, 1957 to provide proof of immunity against measles, mumps, and rubella.

Name of student (Last/First/Middle) \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (City/State/Zip): \_\_\_\_\_

T Number \_\_\_\_\_ Phone ( ) \_\_\_\_\_

#### Students born on or after January 1, 1957, 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, APRN, RN, or an authorized public health official.\*  
**OR**
- 3) Have Section A or B completed and signed.  
**OR**
- 4) Have the acceptable medical waiver(s) checked under "Condition."

#### SECTION A:

I hereby certify that the person named above received:

- 1) An MMR (measles, mumps, and rubella vaccine on\*  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_

#### SECTION B:

I hereby certify that the person named above received:

- Two (2) measles vaccines before 1/1/2010\*  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_

#### AND

- One (1) mumps vaccine before 1/1/2010\*  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_

#### AND

- One (1) rubella vaccine before 1/1/2010\*  
MO/\_\_\_\_ DAY/\_\_\_\_ YR/\_\_\_\_

#### CONDITION\*

- 1. **A history of diseases as confirmed by a positive laboratory test**  
 Measles     Mumps     Rubella
- 2.  **Immune deficiency diseases** (i.e. combined immunodeficiency, gammaglobulinemia, or hypogammaglobulinemia of any class)
- 3.  **A family history of immune deficiency diseases** (see #2 above)
- 4. **Depressed immune system due to**  
 Generalized malignancy, leukemia, or lymphoma currently or in the past\*\*\*  
 Treatment with biologics, corticosteroids, alkylating drugs, self-metabolites, or radiation.
- 5.  **Pregnancy**
- 6.  **Receipt of immune globulin injections in the previous 3 months**  
(Vaccines should be given after three months have lapsed)
- 7.  **A severe systemic allergic reaction \*\*\*\* after exposure to neomycin.**

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

\*\*For medical exemptions for conditions not listed please consult with the Medical Director for Immunizations at the Arkansas Department of Health, 4815 W. Markham, Little Rock, AR 72205-3867. Phone (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 systems: urticarial rash, swelling of the mouth and throat, difficulty breathing, hypotension, shock.

Signed: \_\_\_\_\_  
Licensed Medical Doctor/ APRN/ RN / Public Health Official Date \_\_\_\_\_

Name of Signee: \_\_\_\_\_ Print Phone: \_\_\_\_\_

Address of Signee: \_\_\_\_\_