

Refusal to Vaccinate

Select the vaccine(s) that you **do not** want your child or self to receive from the following list.

- Diphtheria/Tetanus/Pertussis (DTaP) Pertussis
- Haemophilus influenzae* Type b (Hib) Polio (**IPV**)
- Hepatitis B (**Hep B**) Tetanus/Diphtheria (Td)
- Measles/Mumps/Rubella (MMR) Varicella (Chickenpox)

I have received and reviewed the medical information from the Centers for Disease Control and Prevention discussing the risks and alleged benefits of vaccination.

I understand the following:

- The alleged purpose of and the alleged need for the recommended vaccine(s)
- The risks and alleged benefits of the recommended vaccine(s)
- If my child/I do(es) not receive the vaccine(s), the consequences may include-
contracting
 - the disease the vaccine is alleged to prevent
 - transmitting the disease to others
 - the alleged need for my child/self to stay out of daycare, school, college or university during an outbreak for which my child is/I am not vaccinated
- That I may contact my child's or my personal physician or the Arkansas Department of Health and Human Services, at 501-661-2169, for answers to all of my questions regarding the recommended vaccine(s)
- That I may reconsider and accept vaccination for my child/self anytime in the future. The Arkansas Department of Health and Human Services, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control and Prevention all strongly recommended that the vaccine(s) be given.

I have decided to decline the vaccine(s) recommended, as indicated above, by checking the appropriate box(es). Under penalty of law, I affirm that I have received and reviewed the enclosed medical information and the risks associated with my child/me being vaccinated as stated in this information and still request an exemption from the vaccine(s).

Signature _____
Parent/Guardian or College/University Student

Statement of Understanding

I have signed the statement of refusal to vaccinate. I understand that at the discretion of the Arkansas Department of Health and Human Services, any non-immunized individual may be removed from the facility for which he/she is attending during a vaccine-preventable disease outbreak. I further understand that the individual shall not return to the facility until the outbreak has been resolved and the Arkansas Department of Health and Human Services approves his/her return.

Signature _____
Parent/Guardian or College/University Student

Notary Public

State of _____ County of _____ on this _____ day of _____, 2006,
personally appeared before me the said named (parent/Guardian or College/University Student)
_____ known to me to be the person described therein and who executed
the foregoing instrument and he/she executed the same and duly sworn by me, made oath that the statements in
the application are true.

Signature of Notary Public _____

My commission expires _____

Seal

Mail to: Arkansas Department of Health and Human Services
Exemptions
4815 West Markham #48
Little Rock, AR 72205