

Arkansas Immunization Requirements:

Parent: _____ Student: _____ Grade: _____
(Print) (Print)

The Arkansas Department of Health requires that all students attending school in Arkansas must be immunized against the following diseases: poliomyelitis, diphtheria, tetanus, pertussis, red (rubeola) measles, rubella, mumps, hepatitis B, and varicella (chickenpox). All immunizations must be current and up to date. The law states that, "A facility may temporarily admit a child provided that the child becomes appropriately immunized, is in-process of receiving the needed doses of vaccine, or shows proof that they have applied for an exemption for those vaccines he/she has not received within thirty (30) calendar days after the child's original admission."

The Arkansas Department of Health requires us to verify that these requirements are met or that **a new exemption form has been filed each year for that current school year.**

Options (Please initial and sign):

_____ **My child has all the needed vaccinations:** My Child has all the needed vaccinations which are current and up to date.

(Office Use) Verified: _____ Date: _____

_____ **My child needs to receive vaccinations:** I want Ouachita Hills Academy to take my child to the Public Health Department to receive the needed vaccinations. I understand that there will be additional fees involved in this.

_____ **I have filed an Exemption Form:** I do not want my child to receive the missing vaccinations and I have filed an exemption form with the Arkansas Department of Health and will notify the school when it is accepted.

(Office Use) Verified: _____ Date: _____

_____ **Other:** I am making special arrangements as specified below to comply with the law to have my child vaccinated. _____

_____ **Student (If parents or guardian is not at registration):** I have been notified that I may not be allowed to continue in the school after 30 days if arrangements have not been made to comply with the immunization requirements of the Arkansas Health Department. I will communicate with my parents/guardian to ensure that this is completed.

Signed: _____ Date: _____
(Parent or Guardian)

Signed: _____ Date: _____
(Student)

How to File an Exemption Form:

OHA will provide you all information and forms you need. You must complete these forms and have them notarized. Magda Rodriguez will be able to notarize them for you and OHA will mail them to the Arkansas Health Department for you. A copy of the notarized form must be filed in your child's records in order to be able to complete registration.

You may obtain an electronic copy of the form and immunization information by e-mailing the AR Dept of Health at: immunization.section@arkansas.gov and asking for an "Immunization Exemption Form" for a child attending high school in the **Center Point School District in Pike County, AR.**