



# Ouachita Hills Academy

Office of Registrar

P.O. Box 35, Amity AR 71921

## HEALTH INVENTORY C: IMMUNIZATION REQUIREMENTS (To be completed by parent)

Name of student \_\_\_\_\_

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 A, hepatitis B, varicella (chickenpox), and meningococcal. 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."

Before a student is admitted, we must verify compliance with the above. Please check mark which of the following options you wish to comply with:

**My child has all the required immunizations.** I am including an official immunization record from the child's physician or public health department. (This must show documentation that the following immunization schedule has been completed):

<b>Tetanus, Diphtheria (DTaP, DTP, DT, Td)</b> (Three doses required) (one dose of Tdap for ages 11 years (as of September 1st each year) and older or 3 doses for unvaccinated persons 7 years of age or older (including persons who cannot document prior vaccination)) 1 <sup>st</sup> ___/___/___ 2 <sup>nd</sup> ___/___/___ 3 <sup>rd</sup> ___/___/___ <input type="checkbox"/> (In last 10 Years) <small>Mo. Day Yr. Mo Day Yr. Mo Day Yr.</small>	<b>MMR (Measles, Mumps, Rubella)</b> (Two doses required) Dose 1 given at age 12 months or later. Dose 2 given at least 1 month after first dose. 1 <sup>st</sup> ___/___/___ 2 <sup>nd</sup> ___/___/___ <small>Mo. Day Yr. Mo Day Yr.</small>
<b>Polio (OPV, IPV)</b> (Three doses required) 1 <sup>st</sup> ___/___/___ 2 <sup>nd</sup> ___/___/___ 3 <sup>rd</sup> ___/___/___ <small>Mo. Day Yr. Mo Day Yr. Mo Day Yr.</small>	<b>Hepatitis A</b> (One dose required) 1 <sup>st</sup> ___/___/___ <small>Mo. Day Yr.</small>
<b>Hepatitis B</b> (Three or three doses required) 1 <sup>st</sup> ___/___/___ 2 <sup>nd</sup> ___/___/___ 3 <sup>rd</sup> ___/___/___ <small>Mo. Day Yr. Mo Day Yr. Mo Day Yr.</small>	<b>Meningococcal (MCV4)</b> (Two doses required) (One dose must be after age 16 (as of September 1st each year)) 1 <sup>st</sup> ___/___/___ 2 <sup>nd</sup> ___/___/___ 3 <sup>rd</sup> ___/___/___ <small>Mo. Day Yr. Mo Day Yr. Mo Day Yr.</small>
<b>Varicella (Chicken Pox)</b> (1 dose after age 1 or doctor's verification of the history of Chickenpox) ___/___/___ <small>Mo. Day Yr.</small>	

**Current Immunization Schedule:** I will have my child receive his or her remaining vaccinations and will provide an official immunization record from the child's physician or public health department at registration.

**Application for Medical, Religious, or Philosophical Exemption:** I will contact the Arkansas Department of Health to obtain an application for exemption because my child does not have all the required vaccinations and I do not want him or her to receive them. I will provide proof of application or exemption at registration:

**Arkansas Department of Health Contact Info:** Once your child is accepted, you may obtain an electronic copy of the form and immunization information by e-mailing the Arkansas Department of Health at: [immunization.section@arkansas.gov](mailto:immunization.section@arkansas.gov) and asking for an "Immunization Exemption Form" for a child attending high school at Ouachita Hills Academy in the Center Point School District in Pike County, Arkansas. Or you may contact the Arkansas Department of Health by phone at (501) 661-2169 for more information. Please note that the application for exemption form must be notarized and returned directly to the Arkansas Department of Health, not to Ouachita Hills Academy. They will mail you an approval letter. Once received it is the parent's responsibility to send a copy to Ouachita Hills Academy for verification.

**(Office Use Only) Exemption Verified: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**

\_\_\_\_ (please initial) I recognize that my child may not be allowed to continue in the school after 30 days if the above immunization requirements of the Arkansas Health Department have not been complied with. I will notify the school when my application for exemption has been granted or denied.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian) (Student)