The State of Arkansas requires all college students to provide proof of two vaccinations for measles, mumps, and rubella. Methods of meeting this requirement are listed below. This form must be complete prior to registration.

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>MI</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
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If you were born after 1/1/57 you must:

1. Attach an official immunization record from another educational institution (high school or college).
2. Attach an immunization certificate signed by a licensed medical doctor or an authorized public health department representative.
3. Have the following section completed and signed or complete a religious/philosophical exemption form.*

**Declaration**

I hereby certify that the person named above has received:

Measles/Mumps/Rubella #1 _____________ and Measles/Mumps/Rubella #2 _____________

<table>
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<tr>
<th>mo/day/yr</th>
<th>mo/day/yr</th>
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Medical Exemptions: (initial appropriate exception)

1. A history of disease as confirmed by a positive laboratory test
   - Measles
   - Rubella
   - Mumps
2. Immune deficiency disease (i.e., combined immunodeficiency, agammaglobulinemia or hypogammaglobulinemia of any class).
3. A family history of immune deficiency disease (see 2 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, antimetabolites, or radiation.
   - Pregnancy
5. Immune globulin injections in the previous 3 months.
   (Vaccine should be given after 3 months have elapsed.)
6. A history of a severe systemic allergic reaction after exposure to neomycin.
7. A history of severe systemic allergic reaction after ingestion of eggs (urticaria rash, hypotension, shock, difficulty breathing, swelling of the mouth and throat).

Signed (licensed professional) ___________________ Printed Name ___________________ Date ___________

Address ___________________ Telephone ___________________

*Persons seeking exemption for conditions not listed or for religious or philosophical beliefs may obtain the appropriate form from the Arkansas Department of Health at 4815 West Markham Street, Slot 48, Little Rock, AR 72205-3867 or by calling (501) 661-2169. Requests for exemption must be submitted annually.