



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Interim Secretary of Health

Jennifer Dillaha, MD, Director

## 2023-2024 Medical Exemption – Influenza Vaccine Nursing Home Employees

You have requested an application for a medical exemption from the Influenza Vaccination requirement for nursing home employment. **All nursing home facilities shall require all part-time and full-time employees to be immunized against the influenza disease per Arkansas Code Annotated §20-10-1305. Employees may be exempt from this requirement if they qualify for a medical exemption.** A letter from your physician explaining the medical reason for your request must be submitted along with your application.

Applications for exemptions must be submitted **annually** to the Arkansas Department of Health. Only a 2023-2024 Medical Exemption Application will be accepted for July 1, 2023, through June 30, 2024. The Arkansas Department of Health is the only entity authorized by state law to grant exemptions to this requirement. A letter issued by the Immunization Medical Director is the only acceptable validation of an exemption. Statements from a physician are not to be accepted by the nursing home without this letter.

Please note that the law requires you to complete an educational activity when requesting an exemption. You can meet the required educational activity by reviewing the Influenza Vaccine Information Statement from the Centers for Disease Control and Prevention that is enclosed with the application packet. The Influenza Vaccine Information Statement tells the risks and benefits of the influenza vaccine. On page 3 of this application packet, you will be asked to sign that you have received and reviewed this sheet, that you understand the risks and benefits of the vaccine, and that you still request a medical exemption. The form must also be signed by a Notary Public.

Once you have completed and submitted an application to the Arkansas Department of Health, you will receive a letter of approval or denial within ten (10) working days upon receipt of the completed application. Be sure to complete each part of the application. Applications that are incomplete will not be accepted and will be returned to you for completion. This will delay the processing time of your application. If you submit an incomplete application, you will be sent a checklist listing the reason(s) we were unable to process your application. You will then need to include the requested information and return the updated application for processing as soon as possible by fax, email, or mail; see page six of the application.

**You are responsible for notifying your employer that your request for a medical exemption has been approved or denied, and you are responsible for retaining the original document.** If approved, a copy of the approval letter is to be placed in your permanent personnel file at the nursing home.

If you have questions, please call the Immunization Section toll free at 1-800-574-4040.

Sincerely,

A handwritten signature in black ink that reads "Joel Tumilson MD".

Joel Tumilson, MD

Medical Director, Immunizations

Center for Health Protection

# 2023 – 2024 Nursing Home Employees Influenza Vaccine Exemption Application

To avoid processing delays, be sure to complete each part and attach a letter from your physician.

All nursing home facilities shall require all full-time and part-time employees to be immunized against influenza disease. Employees may be exempt if they qualify for a Medical Exemption. A letter from the employee's physician explaining the medical reason for exemption must be submitted along with the exemption application.

## 1. Employee's FULL Name and Contact Information:

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender \_\_\_\_\_ Position/Title \_\_\_\_\_

Race: (Select up to 3)  Alaskan Native or American Indian  Asian  Black or African American  Native Hawaiian or Pacific Islander  White  Other

Ethnicity: (Select 1)  Hispanic or Latino  Not Hispanic or Latino

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

## 2. Nursing Home Facility Information:

Administrator \_\_\_\_\_

Facility Name \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Statement of Refusal to Vaccinate

Influenza or "flu" is a contagious disease typically spread by coughing, sneezing, or nasal secretions. I understand that if I do not receive the Influenza vaccine, I am at risk of fever, sore throat, cough, chills, headache, muscle aches, fatigue, pneumonia, difficulty breathing, hospitalization, and death.

I have decided to decline the influenza vaccine due to the medical reasons described in the physician's statement attached to this application.

I affirm that I have received and reviewed the **Influenza Vaccine Information Statement** from the Centers for Disease Control and Prevention. I have read and signed the **Statement of Refusal to Vaccinate**, and I still want to apply for a medical exemption to the influenza vaccine requirement.

I understand: 1) the purpose and need for the required vaccine, 2) the risks and benefits of the required vaccine, and 3) that by not receiving the vaccine, I can get influenza, transmit the disease to others, or be removed from the facility during an influenza outbreak. I may also be removed from the facility if I have symptoms of influenza. I further understand that I will not be allowed to return to the facility until the outbreak has ended and the Arkansas Department of Health approves my return.

I understand that I may reconsider and accept the Influenza vaccine at any time in the future. Influenza vaccination is strongly recommended by the Arkansas Department of Health, the American Academy of Family Physicians, the American College of Physicians, and the Centers for Disease Control and Prevention.

I understand that I may contact my personal physician, a pharmacy, or the Arkansas Department of Health toll-free at 1-800-574-4040 if I have questions about flu vaccination.

Signature \_\_\_\_\_  
*Nursing Home Employee*

**Notary Public**

State of \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.



Signature \_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

**Please Return Application: CHOOSE ONE METHOD ONLY**

**MAIL to: Arkansas Department of Health  
ATTN: Medical Exemptions  
4815 West Markham, Mail Slot #48  
Little Rock, AR 72205**

**EMAIL to: [Immunization.Section@arkansas.gov](mailto:Immunization.Section@arkansas.gov)  
FAX to: (501)661-2300**