Arkansas Certification of Immunization for Institutions of Higher Education

Student’s Full Legal Name: ________________________________

Student’s Date of Birth: ________________________________

Arkansas State law requires that we collect proof from all students that they have received the following vaccinations before they may be allowed to attend classes (Note: all vaccinations must have been administered after the student’s first birthday):

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Date Administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>MMR 1</td>
<td></td>
</tr>
<tr>
<td>MMR 2</td>
<td></td>
</tr>
</tbody>
</table>

Signature of doctor or nurse: ________________________________

Name of Signee: ________________________________ Date: ________________

Name, address, and phone of Health Office or Clinic:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

In lieu of having this form completed, a student may submit a copy of his or her vaccination record, provided that such record is printed on healthcare professional stationery and has been signed by a doctor or nurse. The dates that the above vaccinations were administered must be clearly visible, and all vaccinations must have been received after the student’s first birthday. (Note: Measles, Mumps, and Rubella vaccinations are often combined and reported as “MMR 1” and “MMR 2”.)