



# Arkansas Department of Health

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

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

## 2024-2025 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 2024-2025 Medical Exemption Application will be accepted for July 1, 2024, through June 30, 2025. 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 "Jennifer Dillaha, M.D.".

Jennifer Dillaha, MD  
Medical Director, Immunizations  
Center for Health Protection

# 2024 – 2025 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*

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## 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**

Stricken language would be deleted from and underlined language would be added to law as it existed prior to the 82nd General Assembly.

1 State of Arkansas  
2 82nd General Assembly  
3 Regular Session, 1999

As Engrossed: S2/15/99 S3/4/99 H4/2/99

# A Bill

Act 1524 of 1999  
SENATE BILL 346

4  
5 By: Senator Bradford  
6  
7

## For An Act To Be Entitled

8  
9 "THE NURSING HOME RESIDENT AND EMPLOYEE IMMUNIZATION  
10 ACT OF 1999."

### Subtitle

11  
12  
13 "THE NURSING HOME RESIDENT AND EMPLOYEE  
14 IMMUNIZATION ACT OF 1999."  
15  
16

17 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

18  
19 SECTION 1. Title. This act shall be known and may be cited as the  
20 "Nursing Home and Employee Immunization Act of 1999".  
21

#### SECTION 2. Purpose.

22  
23 In recognition that the sixth leading cause of death in Arkansas is the  
24 combined diagnostic category of 'pneumonia/influenza'; that approximately  
25 ninety percent (90%) of the 'pneumonia/influenza' deaths are in those over  
26 sixty-five (65) years of age; that the Centers for Disease Control ('CDC')  
27 recommends that individuals over the age of sixty-five (65) years have annual  
28 flu shots and a pneumococcal vaccine once; that the CDC further suggests that  
29 consent for immunization be acquired at the time of nursing home admission;  
30 that current utilization of the flu shots by nursing home residents is  
31 approximately fifty percent (50%); that the elderly living in an institutional  
32 setting, where disease may be more readily transmitted, are less protected  
33 than those living in the community; and that the pneumococcal vaccine  
34 utilization by nursing home residents is approximately thirty percent (30%).  
35

36 SECTION 3. Definitions. As used in this act:

1           (1) "Document" means evidence from a person's physician or healthcare  
2 provider in written format indicating the date and place when the individual  
3 received the influenza virus vaccine and the pneumococcal pneumonia vaccine;

4           (2) 'Nursing home facilities' means facilities that include any  
5 buildings, structure, agency, institution, or place for the reception,  
6 accommodation, board, care, or treatment of two (2) or more individuals, who  
7 because, of physical or mental infirmity, are unable to sufficiently or  
8 properly care for themselves, and for which reception, accommodation, board,  
9 care, or treatment, a charge is made, provided the term 'nursing home' shall  
10 not include the offices of private physicians and surgeons, residential health  
11 care facilities, hospitals, institutions operated by the federal government or  
12 any other similar facility where individuals reside or any facility which is  
13 conducted by and for those who rely exclusively upon treatment by prayer alone  
14 for healing in accordance with the tenets or practices of any recognized  
15 religious denomination;

16           (3) "Medically contraindicated" means either that the influenza or  
17 pneumococcal vaccines should not be administered to an individual because of a  
18 condition that individual has that will be detrimental to the individual's  
19 health if the individual receives either of the vaccines;

20           (4) "Report" means to maintain a current list or roster of vaccine  
21 status for residents and employees and, by December 1 of each year, to provide  
22 that list to the Office of Long-Term Care of the Department of Human Services.

23  
24           SECTION 4. Implementation.

25           (a)(1) The Arkansas Board of Health may promulgate rules and regulations  
26 to provide for the immunization against influenza virus and pneumococcal  
27 disease as provided for in this act. The Office of Long Term Care shall be  
28 granted authority to enforce the rules and regulations.

29           (2) The Arkansas Board of Health may also promulgate rules and  
30 regulations to provide for the immunization of other individuals and require  
31 other institutions and facilities to provide the immunizations provided for in  
32 this act.

33           (b) Each nursing home facility in this state shall:

34                   (1) Obtain consent from residents or their legal guardians upon  
35 admission to participate in all immunization programs that are conducted  
36 within the facility while that person is a resident of that facilities, and

1 not in violation of the resident's right to refuse treatment;

2 (2) As a condition of their employment, require all employees to  
3 participate in immunization programs conducted while they are employed at the  
4 facility, unless meeting the qualifications for exemptions as listed in  
5 Section 4 of this act;

6 (3) Document and report, annually, immunizations against  
7 influenza virus for both residents and full-time and part-time employees.  
8 Document and report, annually, immunizations against pneumococcal disease for  
9 residents.

10 (c) Any nursing home facility which violates this act shall be subject  
11 to suspension and revocation of its license.

12 (d) The Arkansas Department of Health shall provide vaccines, supplies, and  
13 staff necessary for the immunizations of nursing home residents and employees  
14 as provided for in this act.

15

16 SECTION 5. Exemptions. All residents or full-time or part-time  
17 employees of nursing home facilities shall be immunized according to this act  
18 with the following exemptions:

19 (1) No individual shall be required to receive either an influenza  
20 virus vaccine or a pneumococcal pneumonia vaccine if the vaccine is medically  
21 contraindicated as described in the product labeling approved by the Food and  
22 Drug Administration; and

23 (2) The provisions of this section shall not apply if the resident or  
24 legal guardian object on the grounds that the immunization conflicts with the  
25 religious tenets and practices of a recognized church or religious  
26 denomination of which the resident or guardian is an adherent or member.

27

28 SECTION 6. All provisions of this act of a general and permanent nature  
29 are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code  
30 Revision Commission shall incorporate the same in the Code.

31

32 SECTION 7. If any provision of this act or the application thereof to  
33 any person or circumstance is held invalid, such invalidity shall not affect  
34 other provisions or applications of the act which can be given effect without  
35 the invalid provision or application, and to this end the provisions of this  
36 act are declared to be severable.

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SECTION 8. All laws and parts of laws in conflict with this act are hereby repealed.

*/s/ Bradford*

**APPROVED: 4/15/1999**

## VACCINE INFORMATION STATEMENT

# Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1. Why get vaccinated?

**Influenza vaccine can prevent influenza (flu).**

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant people, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

## 2. Live, attenuated influenza vaccine

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to non-pregnant people **2 through 49 years of age**.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine **does not cause flu**.

Influenza vaccine may be given at the same time as other vaccines.

## 3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age
- Is **pregnant**. Live, attenuated influenza vaccine is not recommended for pregnant people
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Is a **child or adolescent 2 through 17 years of age who is receiving aspirin or aspirin- or salicylate-containing products**
- Has a **weakened immune system**
- Is a **child 2 through 4 years old who has asthma or a history of wheezing in the past 12 months**
- Is **5 years or older and has asthma**
- Has **taken influenza antiviral medication** in the last 3 weeks
- **Cares for severely immunocompromised people** who require a protected environment
- Has other **underlying medical conditions** that can put people at higher risk of serious flu complications (such as **lung disease, heart disease, kidney disease**)



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Health and Human Services  
Centers for Disease  
Control and Prevention



like diabetes, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders)

- Does **not** have a spleen, or has a **non-functioning spleen**
- Has a **cochlear implant**
- Has a **cerebrospinal fluid leak** (a leak of the fluid that surrounds the brain to the nose, throat, ear, or some other location in the head)
- Has had **Guillain-Barré Syndrome** within 6 weeks after a previous dose of influenza vaccine

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

For some patients, a different type of influenza vaccine (inactivated or recombinant influenza vaccine) might be more appropriate than live, attenuated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

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#### 4. Risks of a vaccine reaction

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- Runny nose or nasal congestion, wheezing, and headache can happen after LAIV vaccination.
- Vomiting, muscle aches, fever, sore throat, and cough are other possible side effects.

If these problems occur, they usually begin soon after vaccination and are mild and short-lived.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

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#### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

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#### 6. The National Vaccine Injury Compensation Program

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The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim.

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#### 7. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](http://www.fda.gov/vaccines-blood-biologics/vaccines).
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/flu](http://www.cdc.gov/flu).

