

# Arizona Mandatory School Vaccination Laws

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# Outline

- Introduction to the Network for Public Health Law**
- Overview of Mandatory Childhood Vaccine Laws**
- Focus on Arizona**
- Recent Litigation in California**
- AAP & Refusal to Vaccinate**

# What is the Network?

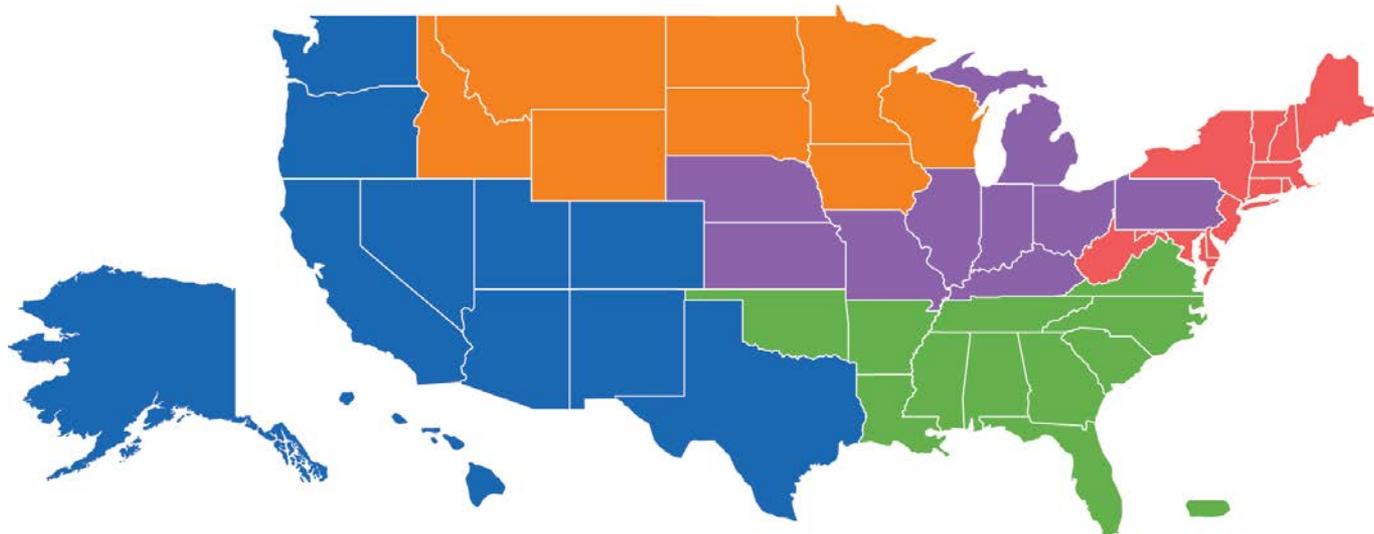
**It is a national initiative of the Robert Wood Johnson Foundation, launched in 2010, to advance law as a tool to improve public health.**



Robert Wood Johnson Foundation

# National Scope with Local Expertise

- » We cover the entire United States
- » Five Regional Offices provide local and state support
- » Assistance online and by phone



# Five Regions



## National Coordinating Center/Northern Region

- » **Public Health Law Center at William Mitchell College of Law**



## Eastern Region

- » **The University of Maryland School of Law working with the John Hopkins Bloomberg School of Public Health**



## Mid-States Region

- » **University of Michigan School of Public Health**



## Southeastern Region

- » **University of North Carolina Gillings School of Global Public Health working with the National Health Law Program**



## Western Region

- » **Sandra Day O'Connor College of Law at Arizona State University**

# We Provide Public Health Legal Support

**At no cost, the Network provides:**

- » **Practical legal assistance**
- » **Resources, training and tools**
- » **Opportunities to build connections**

***With a single point of entry to experts on a wide-range of topics, it's practical, reliable and seamless.***

# Legal Technical Assistance

Legal assistance can include:

- » **Strategizing about potential legal options**
- » **Help finding experts, resources and tools**
- » **Support to develop, implement and enforce legislation, statutes or regulations**

**[Networkforphl.org/assistance](https://networkforphl.org/assistance)**

Technical assistance does not include providing legal advice or representation.

# Who Can Use the Network?

**Anyone committed to public health can join the Network for free:**

- » **Local, state, tribal and federal public health officials**
- » **Public health practitioners**
- » **Attorneys**
- » **Policy-makers**
- » **Advocates**

**[Networkforphl.org/join](https://networkforphl.org/join)**

# Visit [Networkforphl.org](http://Networkforphl.org) for:

- » Resources, such as fact sheets, tables of state laws, legal briefs and primers, and more
- » Monthly webinar series
- » Public health lawyer directory
- » Library of legal assistance questions and answers
- » Conferences and other training opportunities
- » Network newsletter: Network Report

**The Network for Public Health Law** Ideas. Experience. Practical answers.



**Issue Brief**

Many children have dental coverage through either a private insurance program or a public one, like Medicaid or the Children's Health Insurance Program. Regrettably, simply having coverage does not convert to actually receiving dental services. The Affordable Care Act includes provisions to improve the accessibility of oral health care for at-risk children, enabling millions of children to have some form of dental insurance. The Pew Children's Dental Campaign has identified eight policy benchmarks that all states can adopt to improve children's health. The following table illustrates whether each state meets the benchmarks set forth in the latest report, *The State of Children's Dental Health: Making Coverage Matter*.

State	All had 25% of high-risk children with dental coverage	Programs can place children in a dental program	At least 25% of Medicaid recipients served by dental services	All had 25% of Medicaid recipients served by dental services	All had 25% of Medicaid recipients served by dental services	At least 25% of Medicaid recipients served by dental services	At least 25% of Medicaid recipients served by dental services	At least 25% of Medicaid recipients served by dental services	At least 25% of Medicaid recipients served by dental services	Total Score (Out of 8)	Score 2010	Score 2011
AL										4	D	C
AK										5	B	A
AZ										6	C	F

**Resource: Intergovernmental Cooperation Agreements Map** [Back to Resources](#)

posted on Mon, Dec 2 2013 11:00 am by Southeastern Region

In the face of declining resources and increasing demand for services, many local health departments (LHDs) are exploring innovative ways to improve efficiency, meet accreditations standards, and reduce costs by sharing service delivery and other functions with other LHDs, agencies and entities.

One method for such cross-jurisdictional collaboration is the utilization of state interlocal agreement acts. These acts permit localities to enter into agreements with other entities to provide health and other services, and govern the terms of those agreements. Many permit the creation of new entities to accomplish public health goals.

The Network for Public Health Law, with assistance from pro bono attorneys at McDermott Will & Emery LLP along with the Iowa Health System, conducted a survey of intergovernmental cooperation laws currently in effect in all 50 states. [Click on a state to view that state's laws.](#)





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# Overview of Mandatory Childhood Vaccination Laws

# Vaccination



Estimated Annual Morbidity of Smallpox:  
**20<sup>th</sup> Century (Prevaccine era) - 29,005**  
**2010 - 0**

**94.0%** of American  
kindergarteners received  
2 doses of the MMR  
vaccine last school year

## **In Texas and beyond, hot spots for vaccine refusers alarm officials**

JoNel Aleccia, NBC News

Aug. 31, 2013 at 4:04 AM ET

## **Thanks to Doubts About Vaccines, Texas Church Has Measles Outbreak**

by [Kristina Chew](#) | August 30, 2013 | 2:30 pm

## **New Jersey mumps outbreak linked to nightclub**

By Kevin Conlon, CNN

updated 8:19 PM EDT, Thu September 5, 2013

HEALTH

## Measles Outbreak in U.S. Tops 150 Cases

Alexandra Sifferlin @acsifferlin | Feb. 23, 2015

## NHL mumps outbreak rare, but 'could happen anywhere'

Kevin Allen and Nancy Armour, USA TODAY Sports | 9:47 p.m. EST December 17, 2014

## Mumps Outbreak In Idaho Spreads To Washington State

Reuters

Posted: 02/09/2015 2:11 pm EST | Updated: 02/09/2015 4:00 pm EST

## Confirmed: Disneyland Measles Outbreak Linked to Low Vaccination Rates

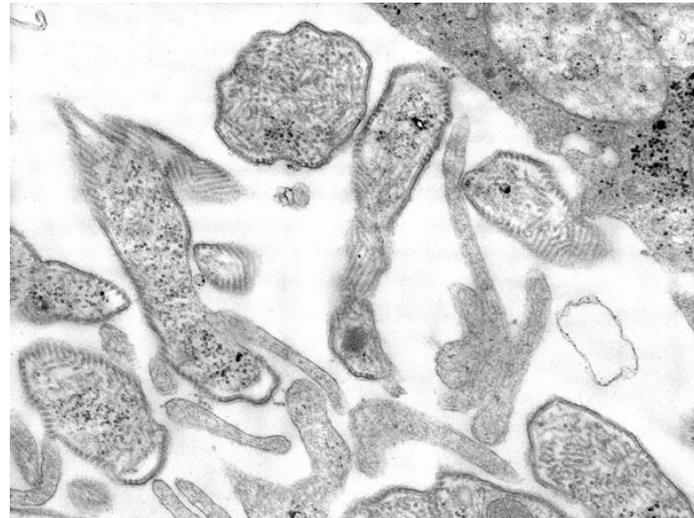
By Cari Nierenberg, Contributing Writer | March 16, 2015 11:22am ET



Science / Science Now

## Vaccine refusal helped fuel Disneyland measles outbreak, study says

- » **Outbreak began May 2016 in Midland University, Fremont, NE**
- » **42 confirmed cases as of July 20th**
- » **Vaccine usually given in 2-dose series, but the outbreak poses potential 3<sup>rd</sup> dose recommendations**

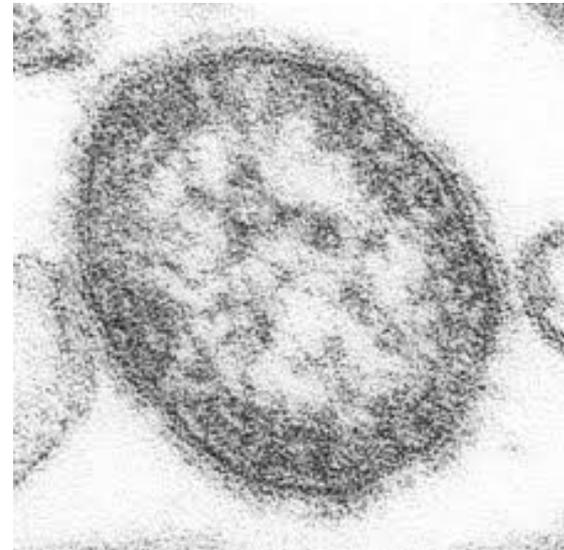


- » **Case reported June 16<sup>th</sup> in an unvaccinated child**
- » **Child withdrawn from school the first day symptoms appeared**
- » **Medical epidemiologist estimates 100 people potentially exposed**



As of July 27, 2016

- » **First two cases reported May 26<sup>th</sup> in Eloy, Arizona Detention Center**
- » **Disease spread from inmates to guards**
- » **Pinal County: 17 cases**
- » **Maricopa County: 1 case**
- » **Total: 22 confirmed cases**



**50 States– Medical**

**47 States- Religious**

**18 States- Philosophical**

(Includes changes in CA & VT effective 7/1/2016)



## States With Highest Rates:

- » **Oregon (6.4%)**
- » **Illinois, Vermont (6.1%)**
- » **Idaho, Michigan (5.9%)**

## Median

- » **1.8%**

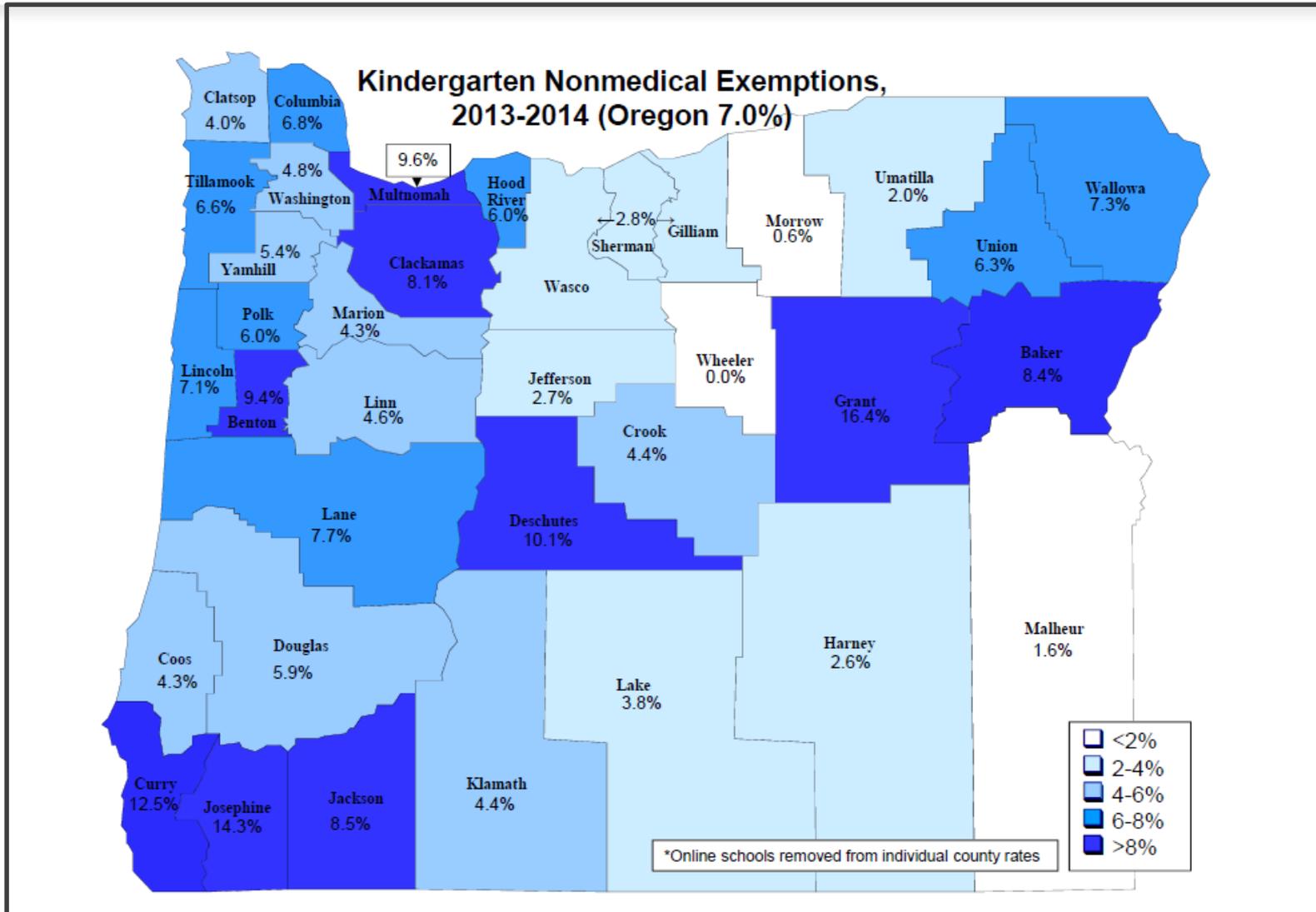
## States With Highest Rates:

- » **Oregon (7.1%)**
- » **Idaho (6.4%)**
- » **Vermont (6.2%)**
- » **Michigan (5.9%)**

## Median

- » **1.8%**

# Oregon



Source: Oregon Health Authority. Religious Exemption Rates by County (map). <http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/GettingImmunized/Documents/SchNonmedExmptCounty.pdf>. Accessed November 12, 2014.

## States With Highest Rates:

- » **Idaho (6.5%)**
- » **Vermont (6.1%)**
- » **Oregon (6.0%)**

## Arizona

- » **4.8% (2014-2015), 4.9% (2013-2014), 4.2% (2012-2013), 3.7% (2011-2012)**

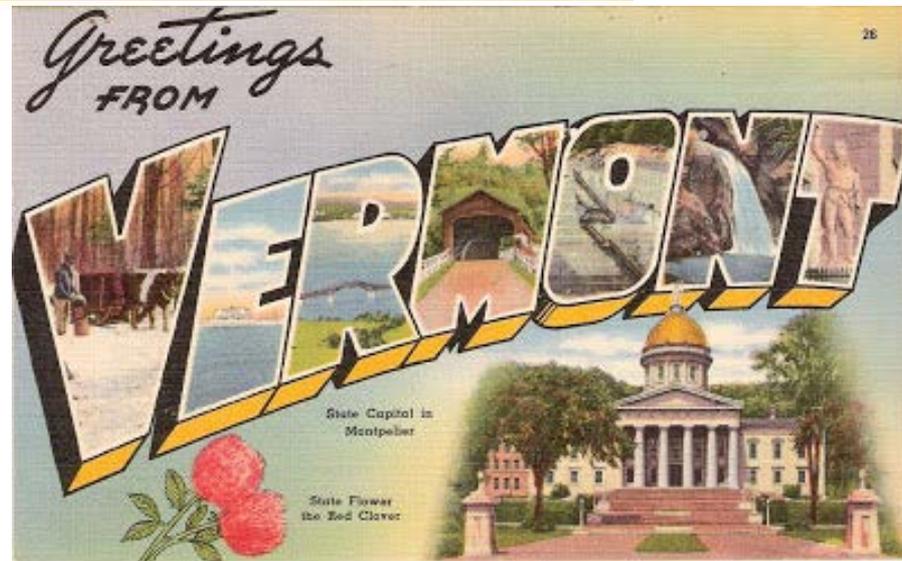
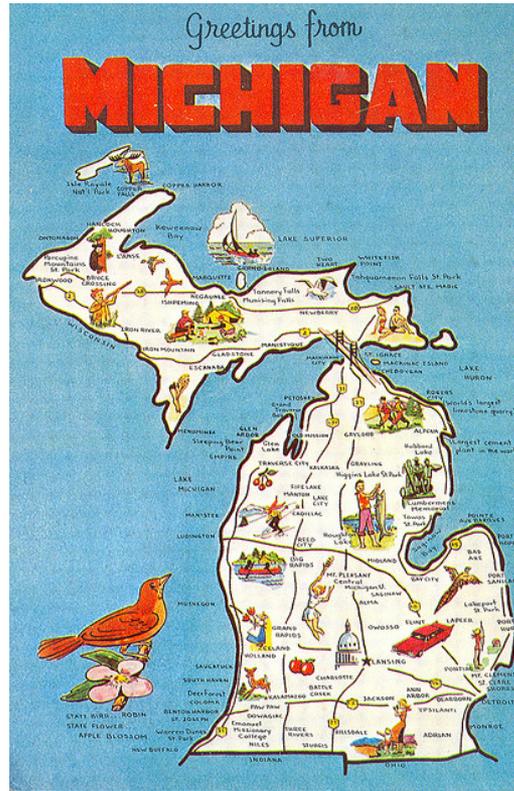
## Median

- » **1.7%**

# Stricter Exemption Laws



# New Exemption Laws



# Washington Exemption Form

## Provider Declaration

I declare that:

- *I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.*
- *I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.*
- *The information provided on this form is complete and correct.*

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Washington Nonmedical Exemptions

5.7% 2009-2010

\* New Exemption Law-2011

4.2% 2011-2012

3.5% 2012-2013

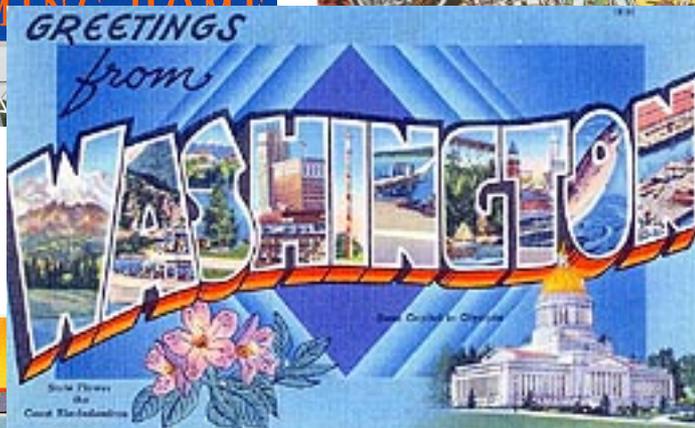
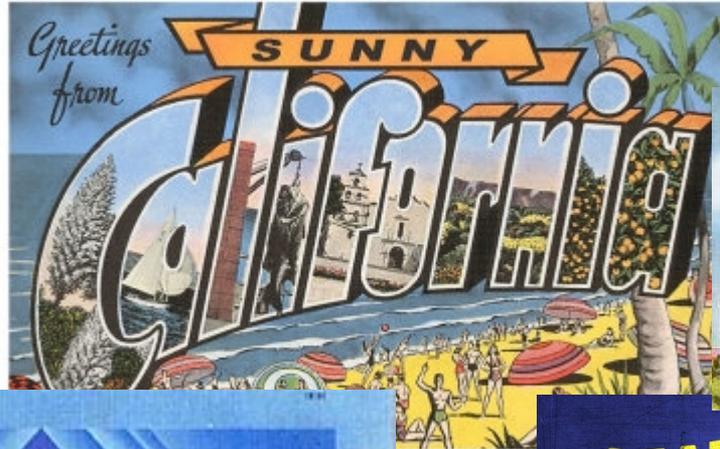
3.6% 2013-2014

3.5% 2014-2015



Source: : : CDC. Vaccination Among Children in Kindergarten – United States, 2014-15 School Year. *MMWR Morb Mortal Wkly Rep.* 2015;64(33):897-904; CDC. Vaccination Among Children in Kindergarten – United States, 2013-14 School Year. *MMWR Morb Mortal Wkly Rep.* 2014;63(41):913-920; CDC. Vaccination Among Children in Kindergarten – United States, 2012-13 School Year. *MMWR Morb Mortal Wkly Rep.* 2013;62(30):607-612; CDC. Vaccination Among Children in Kindergarten – United States, 2011-2012 School Year. *MMWR Morb Mortal Wkly Rep.* 2012;61(33):647-652; CDC. Vaccination Among Children in Kindergarten – United States, 2009-2010 School Year. *MMWR Morb Mortal Wkly Rep.* 2011;60(21):700-704.

# Other States' Vaccine Bills (2015)



**Table. Proposed State Legislation Related to Childhood Vaccine Exemptions From January 1 to July 15, 2015**

	States (Bill No.)		
	Passed	Failed to Pass	Under Consideration
<b>Eliminate vaccine exemptions</b>			
Philosophical	Vermont (H 98)	Maine (LD 606), Minnesota (HF 393), Vermont (S 87)	Pennsylvania (HB 883/SB 696), Washington (HB 2009)
Religious		North Carolina (SB 346), Texas (HB 2006), Rhode Island (S 381)	
Both philosophical and religious	California (SB 277)	Oklahoma (SB 830), Vermont (H 212)	
<b>Restrict vaccine exemptions</b>			
Medical	Delaware (HB 91), <sup>a</sup> West Virginia (SB 286)		
Philosophical		Maine (LD 471), Minnesota (SF 380)	
Religious	Connecticut (HB 6949), Illinois (SB 1410) <sup>a</sup>	New Mexico (HB 522)	Illinois (SB 1776), New Jersey (S 1147/A 1931), New York (A 7016/S 4733)
Both philosophical and religious		Oregon (SB 442), Texas (HB 1674)	
Expand vaccine mandates	Indiana (SB 461), Louisiana (HB 342), Montana (HB 158), Ohio (SB 121)	Nebraska (LB 18), Nevada (SB 117), Virginia (SB 1083/HB 2194), Texas (SB 1114/HB 3875), Texas (SB 298)	New York (A 791C/S 4324A), Pennsylvania (SB 797)
Require/expand vaccine tracking/data sharing	Idaho (S 1121), Missouri (SB 341), South Dakota (HB 1059)	Maryland (SB 598), New Hampshire (SB 130)	
Require exemption and/or vaccination rates be publicly available	Oregon (SB 895) <sup>a</sup>	Arizona (HB 2466), Texas (HB 2474/SB 547)	Michigan (SB 261/SB 260/SB 259)
<b>Establish vaccine exemptions</b>			
Philosophical		Mississippi (HB 130/SB 2800), Montana (HB 158), <sup>b</sup> New York (S 1536)	Massachusetts (S 317)
Religious		West Virginia (HB 2556)	

<sup>a</sup> Bill passed the state legislature but was not yet signed by the governor as of July 15, 2015.

<sup>b</sup> Montana HB 158 was originally introduced to establish a philosophical exemption, which was later stricken, and the bill passed adding varicella to the vaccine requirements.



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# Focus on Arizona

Arizona law requires that childcare facilities and preschools use this official ADHS form, signed and completed by the child's parent/guardian, to document a religious beliefs exemption to immunization.

### Religious Beliefs Exemption Form

For Childcare, Preschool and Head Start Programs

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	<b>Diphtheria (DTaP, DT, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Tetanus (DTaP, DT, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Polio:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____
<input type="checkbox"/>	<b>Haemophilus Influenza type b (Hib):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Hepatitis A:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.	Initials _____ Date _____
<p>Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials _____</p> <ul style="list-style-type: none"> <li>I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services (<a href="http://www.azdhs.gov/phs/immun/index.htm">www.azdhs.gov/phs/immun/index.htm</a>).</li> <li>I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend childcare for up to 3 weeks or until the risk period ends.</li> </ul> <p>Child's Name _____ Date of Birth (month/day/year) _____</p> <p>Parent/Guardian Signature _____ Date (month/day/year) _____</p>		



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<input type="checkbox"/>	<b>Tetanus (DTaP, DT, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Polio:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____



**Personal Beliefs Exemption Form**  
**Kindergarten – 12<sup>th</sup> Grade Only**

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents to decide whether or not to vaccinate their child.

By state law, (A.R.S. §15-873) a child will not be allowed to attend school until either proof of immunization or a completed exemption form is submitted to the school. The information below is provided to ensure that parents are informed about the risks of not vaccinating.

Place an "X" in the box to the left of each disease listed to exempt your child from the vaccine. Initial and date the box on the right.

<input type="checkbox"/>	<b>Diphtheria (DTaP, DT, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child is at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Initials _____ Date _____
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<input type="checkbox"/>	<b>Polio (IPV):</b> I have been informed that by not receiving this vaccine, my child is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____
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<input type="checkbox"/>	<b>Meningococcal:</b> I have been informed that by not receiving this vaccine, my child is at increased risk of developing meningococcal disease. Serious symptoms and effects of this disease include: neurological damage, sepsis, permanent scarring or loss of limbs, and death.	Initials _____ Date _____

Due to my personal beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child. Initials \_\_\_\_\_

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm)).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend school for up to 3 weeks or until the risk period ends.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



## Personal Beliefs Exemption Form

### Kindergarten – 12<sup>th</sup> Grade Only

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<input type="checkbox"/>	<b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child is at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Polio (IPV):</b> I have been informed that by not receiving this vaccine, my child is at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.	Initials _____ Date _____
<input type="checkbox"/>	<b>Measles, Mumps Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and mental retardation.	Initials _____ Date _____

# Nonattendance During an Outbreak



“Pupils who lack documentary proof of immunization ***shall not*** attend school during outbreak periods of communicable immunization-preventable diseases as determined by the department of health services or local health department.”

A.R.S. § 15-873(C)

(Emphasis added.)



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# Recent Litigation in California

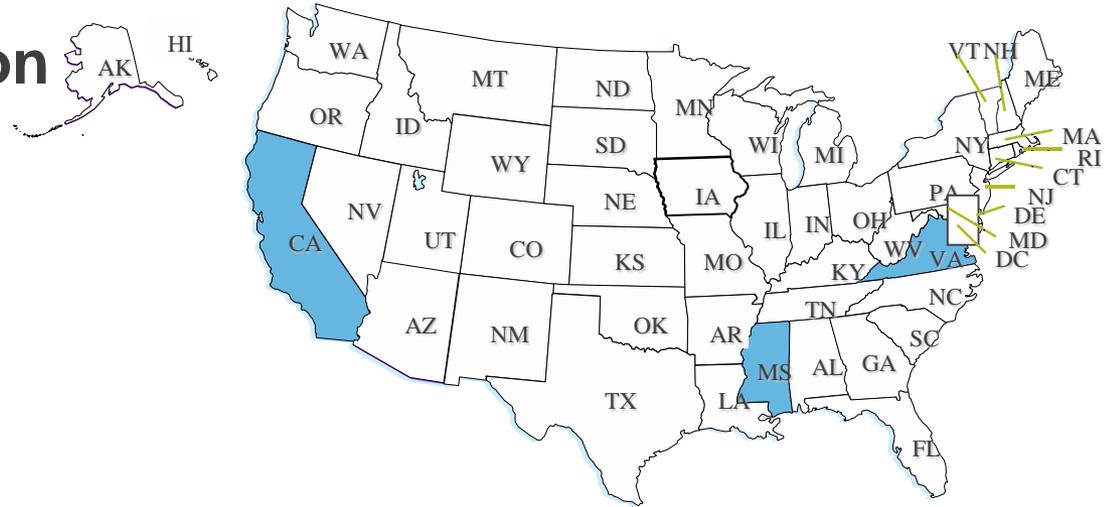
# California's SB277

Effective July 1, 2016

## Abolished Personal Belief Exemption for CA's school vaccination requirement

- » Includes religious and philosophical beliefs
- » One of the nation's strictest vaccine laws

States with No Religious Exemption



# SB277 Lawsuit

## Lawsuit filed for injunction to suspend SB277

- » **10 plaintiffs: individuals (parents) and non-profit organizations**
- » **Defendants: CA Department of Education, health departments, and school districts**
- » **Constitutional arguments: Freedom of religion, right to education, and parental rights/informed consent**





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# American Academy of Pediatrics: Refusal to Vaccinate

# American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

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## Refusal to Vaccinate

Child's Name \_\_\_\_\_ Child's ID# \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

My child's doctor/nurse, \_\_\_\_\_  
has advised me that my child (named above) should receive the following vaccines:

Recommended	Declined
<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria, tetanus, acellular pertussis (DTaP or Tdap) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Diphtheria tetanus (DT or Td) vaccine	<input type="checkbox"/>
<input type="checkbox"/> <i>Haemophilus influenzae</i> type b (Hib) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Pneumococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Inactivated poliovirus (IPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Measles-mumps-rubella (MMR) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Varicella (chickenpox) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Influenza (flu) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Meningococcal conjugate or polysaccharide vaccine	<input type="checkbox"/>
<input type="checkbox"/> Hepatitis A vaccine	<input type="checkbox"/>
<input type="checkbox"/> Rotavirus vaccine	<input type="checkbox"/>
<input type="checkbox"/> Human papillomavirus (HPV) vaccine	<input type="checkbox"/>
<input type="checkbox"/> Other _____	<input type="checkbox"/>

## American Academy of Pediatrics

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Documenting Parental Refusal to Have Their Children Vaccinated

# Questions

