Ozarka College
Certificate of Immunization

The Arkansas Department of Health and Ozarka College requires each student to provide proof of immunity against measles, mumps, and rubella. This series of 2 shots is commonly referred to as an MMR. This requirement applies to all incoming freshman, all foreign-born students, and transfer students with fewer than 30 transferable hours. Only one dose of MMR is required of US-born transfer students transferring 30 hours or more. Any student born before January 1, 1957, is exempt from the immunization requirement.

You must provide a copy of an official immunization record from your physician, public health department, previous educational institution, or personal family records. The record must have been signed by a licensed medical doctor or authorized public health representative. If you are uncertain about your immunization status, we recommend that you be immunized again. If you are required to submit proof of two MMR’s, but have only received one you must provide a copy of the date-card showing you are in-process and scheduled to receive the 2nd dose, or request an exemption from the Arkansas Department of Health (information at bottom of form).

This information should be on file in the Admissions Office before you arrive on campus. After a 30-day grace period beginning when classes start for the semester, Arkansas law prohibits you from attending class until your records have been received. Immunization records may be faxed to (870) 368-2091 or mailed to: Admissions Office, Ozarka College, P.O. Box 10, Melbourne, AR 72556.

If your immunization record is unavailable, please complete and return the following to:

Admissions Office, Ozarka College, P.O. Box 10, Melbourne, AR 72556.

Name of Student: ________________________________ Birthdate: ________________

I hereby certify that the person named above has received 2 MMR immunizations on:

_________________________ and ____________________________

(mo/day/year) (mo/day/year)

Signed: ________________________________ Date: __________________

(Licensed Medical Doctor or Public Health Official)

Printed name of Signee: ________________________________ Phone: ________________

Address of Signee: ____________________________________________________________________

All exemptions to the immunization policy are made solely by the Arkansas Department of Health. For an exemption form, email immunization.section@arkansas.gov, or write: Arkansas Department of Health, 4815 West Markham – Mailslot 48, Little Rock, AR 72205.