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.

child may be at increased risk of developing diphtheria if exposed to this disease.

	Initials:
Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.	Date:
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 this disease	
	Initials:
	Date:
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 oo thik disehik an.	6
	Initials:
	Date:
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 brain damage.	
I have been informed that by not receiving this vaccine, my child may be	Initials:
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.	Date:

I have been informed that by not receiving this vaccine, my	Initials:
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,	Date:
pneumonia, brain damage, and death.	
I have been informed that by not receiving this vaccine, my child may be at increased risk of @ veloping meningococcal disease. Serious symptoms and	Initials:
effects of this disease include: brain damage, sepsis (systemic infection), permanent cann	Date: Z LKY d
h g	

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/immunization).

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