

Date: September 1, 2017

To: The Honorable Steve Yarbrough, President, Arizona State Senate  
The Honorable J.D. Mesnard, Speaker, Arizona House of Representatives

From: Arizona Naturopathic Medical Association

### **Sunrise Application on behalf of the Arizona Naturopathic Medical Association**

The Arizona Naturopathic Medical Association submits this application pursuant to A.R.S. Section 32-3104 and Section 32-3106 relating to the scope of practice of the profession of naturopathic medicine.

The Arizona Naturopathic Medical Association petitions the Committees of Reference for approval in the modification of the definition of physician in the vaccine exemption statutes.

#### **Introduction**

According to Arizona statute the *practice of naturopathic medicine* is a medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities.<sup>1</sup> Naturopathic physicians are primary health care practitioners, whose techniques include modern and traditional treatments and scientific and empirical methods.

A licensed naturopathic physician (ND) attends a four-year, graduate level naturopathic medical school and is educated in all of the same sciences as an MD or DO. In addition to a standard medical curriculum, students also study complementary medical approaches with a strong emphasis on disease prevention and optimizing wellness.

In order to obtain licensure in Arizona, naturopathic physicians are required to graduate from a nationally accredited, four-year school of naturopathic medicine and to pass rigorous nation board exams.<sup>2</sup> In addition, applicants for licensure must have satisfactorily completed an approved internship, preceptorship, or clinical training program in naturopathic medicine.<sup>3</sup> Once the applicant fulfills all of the above requirements he or she is eligible for licensure with the state of Arizona Naturopathic Physicians Medical Board (the board), which oversees the practice of naturopathic physicians. The board currently licenses 884 naturopathic physicians.

Current law prevents naturopathic physicians from prescribing four groups of medications; these four groups are antipsychotics, chemotherapeutics, Class II substances (except morphine and hydrocodone) and intravenous legend drugs. With those exceptions, naturopathic physicians are

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<sup>1</sup> A.R.S. 32-1501(28)

<sup>2</sup> A.R.S. 32-1525

<sup>3</sup> A.R.S. 32-1522(2)

permitted to prescribe all legend (prescription) drugs, and are permitted the use of intravenous vitamins, minerals and nutrients, chelation therapy and emergency drugs.<sup>4</sup>

### **Scope Expansion Request**

**Naturopathic physicians already administer immunizations and provide immunization counseling to patients. However, even though immunization administration is included in a naturopathic physician's scope of practice, they are not currently permitted to sign medical exemptions for students from Arizona K-12 school immunization requirements. Currently, parents can exempt their children from school required immunizations through personal or religious exemptions without a physician's signature. This proposal adds naturopathic physicians to the group of medical professionals that can sign a medical exemption. The list currently is limited to medical doctors, doctors of osteopathic medicine, nurse practitioners, and homeopathic physicians. This proposal further aligns the statutory definition of physician in A.R.S. Title 15 with the authority for professions provided in A.R.S. Title 32.**

The Arizona Naturopathic Medical Association (AzNMA) is requesting through the sunrise process **an increase in the scope of practice for naturopathic physicians to permit them to sign medical exemptions for students from the Arizona K-12 school immunization requirements.** This aligns A.R.S. title 15 with the naturopathic physician's scope of practice.

- 1. A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice.**

Under Arizona State Law all students attending K-12 school public schools must be immunized against certain diseases (pursuant to 36-672).<sup>5</sup> (See attached table in the appendix.) Arizona parents and guardians are required to submit proof of immunization on behalf of their children when they enroll them in school. Exceptions to this requirement are outlined in ARS 15-873. Students may be exempt from required immunizations by one of two ways.

### **Exemptions**

The two immunization exemptions are:

- 1. Personal exemption:** Parents can fill out a personal exemption or a religious exemption form that have been developed by DHS. These forms must be initialed and signed by parents.<sup>6</sup>
- 2. Medical exemption:** This form, developed by DHS, can be filled out and signed by a medical provider and used when a child is immune to a vaccine preventable disease or when a child may have an adverse reactions to a vaccine(s).<sup>7</sup> Physician is defined as a medical doctor, doctor of osteopathic medicine, nurse practitioner, or homeopathic

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<sup>4</sup> A.R.S. 32-1501(15)

<sup>5</sup> A.R.S. 15-872(B)

<sup>6</sup> A.R.S. 15-873(A)(1)

<sup>7</sup> A.R.S. 15-873(A)(2)

physician. Currently, naturopathic physicians cannot sign these forms. The AzNMA concurs that a medical exemption can only be signed if it is based on a CDC contraindication or precaution.

A student who falls under one of these exemptions cannot attend school during outbreak periods of communicable immunization-preventable diseases as determined by the department of health services or a local health department.<sup>8</sup> (*The DHS forms associated with each of these exemptions appear at the end of the proposal in the appendix.*)

### **Vaccine Schedule**

Additionally, students who have not completed all required vaccine can be admitted to school with a vaccine schedule. If the student has received at least one dose of each of the required immunizations pursuant to section 36-672, the student can be admitted if the parent or guardian presents documentary proof of those immunizations and a schedule prepared by the medical provider for completion of additional required immunizations.<sup>9</sup> Since naturopathic physicians are not currently included in the definition of physician in 15-871, they cannot prepare a vaccine schedule for students.

### **Summary of the problem for naturopathic physicians and their patients**

Under current law an individual may exempt their child from immunization through use of a personal exemption or religious exemption form from DHS. Both of these exemptions require only a signature from the parent. However, the third exemption, the medical exemption, requires a signature from a medical provider.<sup>10</sup> The medical providers authorized to sign the medical exemption are defined in A.R.S. 15-871 and do not include naturopathic physicians.<sup>11</sup> **This sunrise application seeks to add naturopathic physicians to the list of medical professionals authorized by law to sign the DHS medical exemption forms for students from Arizona K-12 school immunization requirements.**

Including naturopathic physicians in this list of provider types authorized to sign immunization exemptions is needed and will benefit patients:

- Vaccines are already a part of the naturopathic physician's scope of practice; this law should be changed to include medical exemptions to match the scope of naturopathic physicians.
- Title 15 should reflect a naturopathic physician's current scope of practice.
- Naturopathic physicians are already providing immunizations and immunization counseling to patients. Patients benefit from the opportunity to receive counseling and information related to the immunizations from their primary care provider. Naturopathic physicians typically spend 30 minutes to one hour in appointments with patients, allowing for ample time to discuss and answer questions about the available medical options for their patients.
- If naturopathic physicians are included in this law, it could help encourage parents who

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<sup>8</sup> A.R.S. 15-873(C)

<sup>9</sup> A.R.S. 15-872(E)

<sup>10</sup> A.R.S. 15-873(A)(2)

<sup>11</sup> A.R.S. 15-871(9); A.R.S. 15-871(11)

would sign a personal exemption form without bringing their child to a doctor, to bring their child to see a naturopathic physician to get a well-child exam and receive vaccine counseling they would otherwise not get.

- A family who sees a naturopathic physician shouldn't be burdened with having to make an appointment to see an MD or a DO who is unfamiliar with the family simply to get a form signed. Patients should be able to have their primary care provider, regardless of provider type, sign the medical exemption.
- Naturopathic physicians could prepare a vaccine schedule for patients who would benefit from delayed immunizations.

**2. The extent to which the public can be confident that qualified practitioners are competent including:**

**(a) Evidence that the profession's regulatory board has functioned adequately in protecting the public.**

**(b) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics.**

**(c) Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.**

The public can be confident that naturopathic physicians have the education and qualifications to counsel patients effectively on immunizations. A medical exemption would only be signed by a naturopathic physician after the patient was evaluated and his or her parents were educated on vaccines and it was determined appropriate that the child's situation warranted an exemption from a particular vaccine or a delay in completion of immunizations. Under current law, parents can already use the personal (or religious) exemption and exempt their children from the vaccine without ever seeing a medical provider. It would benefit patients and families who may not see a doctor otherwise to see a naturopathic physician and be educated on vaccines.

All approved naturopathic medical schools teach the appropriate use and administration of vaccines. Naturopathic medical students receive classroom and clinical training in this basic preventive medical practice.

Naturopathic physicians are educated in pediatric medicine and learn about common and complex problems in infancy, childhood, and adolescence. Pediatric education includes but is not limited to training in etiology, lab ordering, disease prevention, diagnosis and treatment, and appropriate referral. Naturopathic physicians are trained in both conventional treatments and naturopathic treatments. Part of this pediatric education includes immunizations. They are educated in terms of use and scheduling, as well as the risks of not vaccinating vs. vaccinating, including outcomes of acquiring vaccine-preventable diseases.

**Naturopathic Medical School**

In order to obtain licensure in Arizona, naturopathic physicians are required to graduate from a four-year school of naturopathic medicine that is accredited by the Council on Naturopathic Medical Education (CNME). The U.S. Secretary of Education recognizes the CNME as the

accrediting agency for naturopathic medical programs.<sup>12</sup> To be considered for admission to a naturopathic medical school, applicants must hold a baccalaureate degree with specific prerequisites including credits in biology, chemistry, psychology, English, and the humanities.

A naturopathic physician's education includes basic science and clinical diagnostic coursework, two years of clinical internship at both private medical clinics and medical school health centers, and three separate courses in clinical pharmacology, which include instruction in pharmacokinetics and pharmacodynamics of all classes of drugs.

### **National Board Exams - National Naturopathic Physicians Licensing Examination (NPLEX)**

Applicants for naturopathic medical licensure must pass a rigorous nation board exam called the National Naturopathic Physicians Licensing Examination (NPLEX) administered by the North American Board of Naturopathic Examiners (NABNE). The NPLEX exam consists of two parts in three subject areas: Part I – Biomedical Science Examination, Part II – Core Clinical Science Examination, and Part II – Clinical Elective Examinations.<sup>13</sup> In order to be eligible to take the NPLEX Part I – Biomedical Science Examination, applicants must have completed all biomedical science coursework in his or her naturopathic medical program, including anatomy, physiology, biochemistry & genetics, microbiology & immunology, and pathology, and all required labs.<sup>14</sup> After completing Part I, applicants are then able to take parts II and III.

### **Naturopathic Physicians Medical Board**

In addition to graduation from an approved naturopathic medical school and passage of the NPLEX, applicants for licensure in Arizona must have satisfactorily completed an approved internship, preceptorship, or clinical training program in naturopathic medicine.<sup>15</sup> Once the applicant fulfills all of the above requirements, he or she is eligible for licensure with the state of Arizona Naturopathic Physicians Medical Board (board), which oversees the practice of naturopathic physicians.

Naturopathic Physicians are regulated by the Naturopathic Physicians Medical Board. The Naturopathic Physicians Medical Board hears complaints and disciplines naturopathic physicians as necessary, similar to all other medical regulatory boards.

Licensed naturopathic physicians are required to follow standards of practice in regards to prescribing and administering medications in the same manner as other medical professionals. If anyone feels that a naturopathic physician did not follow correct procedures in treating and counseling a patient or endangered a patient, they could report that physician to the regulatory board where the case would be investigated and proper disciplinary action would be taken if there was inappropriate conduct.

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<sup>12</sup> "The Database of Accredited Postsecondary Institutions and Programs," US Department of Education, Accessed August 25th, 2016, <http://ope.ed.gov/accreditation/Search.aspx>

<sup>13</sup> "Frequently Asked Questions," North American Board of Naturopathic Examiners, Accessed August 25th, 2016, <https://www.nabne.org/home/f-a-q/>

<sup>14</sup> "Eligibility to Take The NPLEX Part I – Biomedical Science Examination," North American Board of Naturopathic Examiners, Accessed August 25th, 2016, <https://www.nabne.org/home/nplex-part-i-biomedical-science-examination/>

<sup>15</sup> A.R.S 32-1522(1); A.R.S. 32-1522(2)

Naturopathic physicians are held to the same standards as all Arizona health care professionals by Arizona Revised Statutes Title 32 Chapter 32 Health Professionals. The board regulates licensees in professional, moral, ethical, and legal issues for the state of Arizona.<sup>16</sup>

### **Continuing Medical Education Requirements**

Every calendar year naturopathic physicians are required to complete 30 credit hours of continuing medical education activities. 10 of these credit hours are required to be in pharmacology as it relates to the diagnosis, treatment, or prevention of disease.<sup>17</sup>

**3. The extent to which an increase in the scope of practice may harm the public including the extent to which an increased scope of practice will restrict entry into practice and whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.**

This proposal does not impose any additional training on Naturopathic Physicians licensed by the State of Arizona. All naturopathic medical schools teach immunization. Naturopathic physicians already can administer vaccines. This proposal allows them to exempt students from Arizona K-12 school immunization requirements when deemed medically appropriate.

**4. The cost to this state and to the general public of implementing the proposed increase in scope of practice.**

There is no cost to the state or to the general public for this change in scope. Any associated state cost would be placed on the regulated community through the Naturopathic Physicians Board of Medical Board.

Naturopathic Physicians are the preferred provider of primary medical care for many in Arizona. The approval of the sunrise application will allow the patients of naturopathic physicians the health benefits associated with vaccine counseling. Patients who may be reluctant to see a physician could end up receiving counseling from a naturopathic physician and advice on what the best course of treatment is for the child.

The definition of physician in the education statutes should be updated to include naturopathic physicians so as to benefit Arizona patients, and so that Title 15 reflects a naturopathic physicians current scope of practice regarding immunizations.

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<sup>16</sup> A.R.S. 32-1554

<sup>17</sup> A.A.C. R4-18-205

# **APPENDIX**

**Appendix 1. Exemption Forms**

**Appendix 2. School Immunization Requirements**

**Appendix 3. Relevant Statutes**

**Appendix 4. Draft of proposed law change**

# Appendix 1. Exemption Forms



Arizona law requires that schools, preschools and childcare facilities obtain this form, completed by a physician or registered nurse practitioner, in order for a child to be exempted from immunization requirements for medical reasons.

## Medical Exemption Form

This is the official ADHS-provided form used by physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached; or 3) the child has a history of Varicella (chicken pox) disease.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To be completed by a physician or registered nurse practitioner to exempt a child from childcare or school immunization requirements.

Printed Name of Physician or Nurse \_\_\_\_\_

Signature of Physician or Nurse \_\_\_\_\_ Date \_\_\_\_\_

Please list each vaccine included in the exemption and the reason for the exemption:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate whether this is a **permanent** exemption  or a **temporary** exemption

If the exemption is **temporary**, please list the date the exemption ends \_\_\_\_\_

### Parent/Guardian Section:

1. 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 and/or school until the risk period ends, which may be up to 3 weeks or longer.
2. 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)).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



ADHS Immunization Program Office

<http://www.azdhs.gov/phs/immunization/>

July 1, 2013



## Personal Beliefs Exemption Form

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

alth 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 _____
<input type="checkbox"/>	<b>Tetanus (DTaP, DT, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child is 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 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 _____
<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>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 _____
<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) \_\_\_\_\_

ADHS Immunization Program Office

<http://www.azdhs.gov/phs/immunization/>

July 1, 2013



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 _____

**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 \_\_\_\_\_

- 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 childcare 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) \_\_\_\_\_

## Appendix 2. School Immunization Requirements



### Arizona School Immunization Requirements: Kindergarten - 12<sup>th</sup> Grade

- Students must have proof of all required immunizations, or a valid exemption, in order to attend school. Arizona law allows exemptions for medical reasons, lab evidence of immunity, and personal beliefs. Exemption forms are available from schools and at <http://www.azdhs.gov/phs/immun/back2school.htm>.
- Homeless students are allowed a 5-day grace period to submit proof of immunization records.
- The immunization record for each vaccine dose must include the complete date and the doctor or clinic name.
- The statutes and rules governing school immunization requirements are:
  - Arizona Revised Statutes §15-871-874; and Arizona Administrative Code, R9-6-701-708

Please check requirements for each child's age and grade level in the chart below.

Age →	Under age 7	7 – 10 years	11 years and older
Grade →			
Vaccine ↓	Kindergarten and above	Kindergarten-5 <sup>th</sup> grade	6 <sup>th</sup> through 12 <sup>th</sup> grade
<b>DTaP</b> <small>(Proof of DTP or DT counts toward DTaP requirement)</small>	4-5* doses At least 1 dose at 4 years of age or older is required.  *A 6th dose is required if 5 doses have been given before 4 years of age.	3 DTaP and/or Td doses are required if all doses were given <u>after</u> 12 months of age.  Or  4 DTaP and/or Td doses are required if any of the doses were received <u>before</u> 12 months of age.	<u>1 Tdap dose is required for students 11 years and older.</u>  Students who completed the primary series of tetanus/diphtheria doses must receive a Tdap when 5 years have passed since the student's last tetanus/diphtheria dose.  Students who did not complete the primary series of tetanus/diphtheria doses before age 11 are required to receive a total of 3 doses, including 1 Tdap and 2 Td doses.  Tdap doses given prior to age 11 meet the requirement. A Td booster is required 10 years after the Tdap dose.
<b>Td</b>		Tdap may be counted to meet the requirements above. Tdap is <u>not</u> required for 11 year olds until they enter 6 <sup>th</sup> grade.	
<b>Tdap</b>			
<b>Meningococcal</b>		<u>Not required</u> but may be counted as valid when given at this age.	1 dose is required.
<b>Polio</b>	3-4 doses 4 doses meet the requirement. 3 doses meet requirements if dose #3 was given at 4+ years of age. (Not required for students 18+ years of age.)		
<b>MMR</b>	2 doses A 3 <sup>rd</sup> dose will be required if dose #1 was given before more than 4 days before the 1 <sup>st</sup> birthday.		
<b>Hepatitis B</b>	3 doses A 4 <sup>th</sup> dose will be required if the third dose was given before 24 weeks of age.		
<b>Varicella</b>	1 dose is required if the 1 <sup>st</sup> dose was given before 13 years of age. 2 doses are required if the 1 <sup>st</sup> dose was given at 13 years of age or later.  Students attending school or preschool in Arizona prior to 9/1/2011 with parental recall of chickenpox disease are allowed to continue attendance with parental recall of disease. Students enrolling for the first time after 09/01/2011 are required to present proof of varicella immunization or a valid exemption for medical reasons, laboratory evidence of immunity or personal beliefs. Parental recall of disease will not be accepted.		

Note: ADHS observes a 4-day grace period for vaccine ages and intervals, except for the space between two live vaccines such as Varicella and MMR, which must be given at least 28 days apart if they are not administered on the same day.

## Appendix 3. Relevant Statutes

### Relevant Statutes (Current Law)

#### 15-871. Definitions

In this article, unless the context otherwise requires:

1. "Documentary proof" means written evidence that a pupil has been immunized or has laboratory evidence of immunity that conforms with the standards promulgated pursuant to section 15-872.
2. "Dose" means the number in a series of immunizations that may be prescribed pursuant to section 36-672.
3. "Health agency" means a local health department or similar governmental agency established pursuant to the laws of another state or country and its officers and employees.
4. "Homeless pupil" means a pupil who has a primary residence that is:
  - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
  - (b) An institution that provides a temporary residence for individuals intended to be institutionalized.
  - (c) A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for, human beings.
5. "Immunization" means the process of inoculation with a specific antigen to promote antibody formation in the body.
6. "Immunized" means the required initial immunization and boosters or reimmunization prescribed pursuant to section 36-672.
7. "Laboratory evidence of immunity" means written evidence of serologic confirmation of the presence of specific antibodies against an immunization-preventable disease that is signed by a physician or an authorized representative of a health agency.
8. "Local health department" means a local health department established pursuant to title 36, chapter 1, article 4.
9. "Physician" means a person licensed pursuant to title 32, chapter 13, 17 or 29 or a person licensed to practice allopathic or osteopathic medicine under the laws of another state or country.
10. "Pupil" means a person who is eligible to receive instruction at a school and includes pre-kindergarten age children receiving either services for children with disabilities or day care on a school campus otherwise exempt from day care rules pursuant to section 36-884.
11. "Registered nurse practitioner" has the same meaning prescribed in section 32-1601.
12. "School" means a public, private or parochial school that offers instruction at any level or grade through twelfth grade, except for day care facilities regulated pursuant to title 36, chapter 7.1.
13. "School administrator" means the principal or person having general daily control and supervision of the school or that person's designee.
14. "Suspension" or "suspended" means:
  - (a) For a pupil attending a public school, the temporary withdrawal of the privilege of attending school pursuant to section 15-843.
  - (b) For a pupil attending a private or parochial school, the temporary withdrawal of the privilege of attending school pursuant to the policies and procedures of the private or parochial school.

#### 15-872. Proof of immunization; noncompliance; notice to parents; civil immunity

- A. The director of the department of health services, in consultation with the superintendent of public instruction, shall develop by rule standards for documentary proof.
- B. A pupil shall not be allowed to attend school without submitting documentary proof to the school administrator unless the pupil is exempted from immunization pursuant to section 15-873.
- C. Each public school shall make full disclosure of the requirements and exemptions as prescribed in this section and section 15-873.
- D. On enrollment, the school administrator shall suspend that pupil if the administrator does not have documentary proof and the pupil is not exempted from immunization pursuant to section 15-873.
- E. Notwithstanding subsections B and D of this section, a pupil may be admitted to or allowed to attend a school if the pupil has received at least one dose of each of the required immunizations prescribed pursuant to section 36-672 and has established a schedule for the completion of required immunizations. The parent, guardian or person in loco parentis of a pupil shall present to the school administrator documentary proof of the immunizations received and a schedule prepared by the pupil's physician or registered nurse practitioner or a health agency for completion of additional required immunizations.
- F. The school administrator shall review the school immunization record for each pupil admitted or allowed to continue attendance pursuant to subsection E of this section at least twice each school year until the pupil receives all of the

required immunizations and shall suspend a pupil as prescribed in subsection G of this section who fails to comply with the immunization schedule. Immunizations received by a pupil shall be entered in the pupil's school immunization record.

G. Unless proof of an exemption from immunization pursuant to section 15-873 is provided, a pupil who is admitted or allowed to continue to attend and who fails to comply with the immunization schedule within the time intervals specified by the schedule shall be suspended from school attendance until documentary proof of the administration of another dose of each appropriate immunizing agent is provided to the school administrator.

H. The provisions of subsections B, D and E of this section do not apply to homeless pupils until the fifth calendar day after enrollment.

I. A school and its employees are immune from civil liability for decisions concerning the admission, readmission and suspension of a pupil that are based on a good faith implementation of the requirements of this article.

**15-873. Exemptions; nonattendance during outbreak**

A. Documentary proof is not required for a pupil to be admitted to school if one of the following occurs:

1. The parent or guardian of the pupil submits a signed statement to the school administrator stating that the parent or guardian has received information about immunizations provided by the department of health services and understands the risks and benefits of immunizations and the potential risks of nonimmunization and that due to personal beliefs, the parent or guardian does not consent to the immunization of the pupil.

2. The school administrator receives written certification that is signed by the parent or guardian and by a physician or a registered nurse practitioner, that states that one or more of the required immunizations may be detrimental to the pupil's health and that indicates the specific nature and probable duration of the medical condition or circumstance that precludes immunization.

B. An exemption pursuant to subsection A, paragraph 2 is only valid during the duration of the circumstance or condition that precludes immunization.

C. 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. The department of health services or local health department shall transmit notice of this determination to the school administrator responsible for the exclusion of the pupils.

**15-874. Records; reporting requirements**

A. Each pupil's immunizations shall be recorded on the school immunization record. The school immunization record shall be a standardized form developed by the department of health services in conjunction with the department of education and provided by the department of health services and shall be a part of the mandatory permanent student record. The records are open to inspection by the department of health services and the local health department.

B. Each immunization record shall contain at least the following information:

1. The pupil's name and birth date.

2. The date of the pupil's admission to the school.

3. The type of immunizing agents administered to the pupil.

4. The date each dose of immunizing agent is administered to the pupil.

5. The established schedule for completion of immunizations if the pupil is admitted to or allowed to continue to attend a school pursuant to section 15-872, subsection E.

6. Laboratory evidence of immunity if this evidence is presented as part of a pupil's documentary proof.

7. If an exemption from immunization as provided in section 15-873 is submitted to the school administrator, the date the exemption is submitted and the reason for the exemption.

8. Additional information prescribed by the director of the department of health services by rule.

C. A school shall transfer an immunization record with the mandatory permanent student record and provide at no charge, on request, a copy of the immunization record to the parent or guardian of the pupil.

D. By November 30 of each school year, each school district and private school shall complete and file a report with the local health department and the department of health services, using forms provided by the department of health services. The report shall state the number of pupils attending who have completed required immunizations or who have submitted laboratory evidence of immunity, the number of pupils attending with uncompleted required immunizations and the number of pupils attending with an exemption from immunization pursuant to section 15-873.

## Appendix 4. Draft of Proposed Law Change

### DRAFT OF STATUTORY AMENDMENT RELATED TO THIS SUNRISE APPLICATION

#### 15-871. Definitions

In this article, unless the context otherwise requires:

1. "Documentary proof" means written evidence that a pupil has been immunized or has laboratory evidence of immunity that conforms with the standards promulgated pursuant to section 15-872.
2. "Dose" means the number in a series of immunizations that may be prescribed pursuant to section 36-672.
3. "Health agency" means a local health department or similar governmental agency established pursuant to the laws of another state or country and its officers and employees.
4. "Homeless pupil" means a pupil who has a primary residence that is:
  - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations.
  - (b) An institution that provides a temporary residence for individuals intended to be institutionalized.
  - (c) A public or private place not designed for, or ordinarily used as a regular sleeping accommodation for, human beings.
5. "Immunization" means the process of inoculation with a specific antigen to promote antibody formation in the body.
6. "Immunized" means the required initial immunization and boosters or reimmunization prescribed pursuant to section 36-672.
7. "Laboratory evidence of immunity" means written evidence of serologic confirmation of the presence of specific antibodies against an immunization-preventable disease that is signed by a physician or an authorized representative of a health agency.
8. "Local health department" means a local health department established pursuant to title 36, chapter 1, article 4.
9. "Physician" means a person licensed pursuant to title 32, chapter 13, 14, 17 or 29 or a person licensed to practice allopathic or osteopathic medicine under the laws of another state or country. {Note CHAPTER 14 AMENDED IN TO #9 ABOVE ADDING NATUROPATHIC PHYSICAN TO THIS DEFINITION}
10. "Pupil" means a person who is eligible to receive instruction at a school and includes pre-kindergarten age children receiving either services for children with disabilities or day care on a school campus otherwise exempt from day care rules pursuant to section 36-884.
11. "Registered nurse practitioner" has the same meaning prescribed in section 32-1601.
12. "School" means a public, private or parochial school that offers instruction at any level or grade through twelfth grade, except for day care facilities regulated pursuant to title 36, chapter 7.1.
13. "School administrator" means the principal or person having general daily control and supervision of the school or that person's designee.
14. "Suspension" or "suspended" means:
  - (a) For a pupil attending a public school, the temporary withdrawal of the privilege of attending school pursuant to section 15-843.
  - (b) For a pupil attending a private or parochial school, the temporary withdrawal of the privilege of attending school pursuant to the policies and procedures of the private or parochial school.

#### 36-671. Definitions

In this article, unless the context otherwise requires:

1. "Department" means the department of health services.
2. "Director" means the director of the department of health services.
3. "Documentary proof" means written evidence that a pupil has been immunized or has laboratory evidence of immunity which conforms with the standards promulgated pursuant to section 15-872.
4. "Dose" means the number in a series of immunizations which may be prescribed pursuant to section 36-672.
5. "Health agency" means a local health department or similar governmental agency established pursuant to the laws of another state or country and its officers and employees.
6. "Immunization" means the process of inoculation with a specific antigen to promote antibody formation in the body.
7. "Immunized" means the required initial immunization and boosters or reimmunization prescribed pursuant to section 36-672.
8. "Laboratory evidence of immunity" means written evidence of serologic confirmation of the presence of specific antibodies against an immunization-preventable disease which is signed by a physician or an authorized representative of a health agency.
9. "Local health department" means local health departments established pursuant to chapter 1, article 4 of this title.

10. "Physician" means a person licensed pursuant to title 32, chapter 13, 14, 17 or 29 or a person licensed to practice allopathic or osteopathic medicine under the laws of another state or country. {Note CHAPTER 14 AMENDED IN TO #10 ABOVE ADDING NATUROPATHIC PHYSICAN TO THIS DEFINITION}

11. "Pupil" means a person who is eligible to receive instruction at a school and includes pre-kindergarten age children receiving either services for children with disabilities or day care on a school campus otherwise exempt from day care rules pursuant to section 36-884.

12. "School" means a public, private or parochial school that offers instruction at any level or grade through twelfth grade, except for day care facilities regulated pursuant to chapter 7.1 of this title.

13. "School administrator" means the principal or person having general daily control and supervision of the school or that person's designee.