



Proof of Immunization Compliance

Residential Life Office Phone: (928) 317-6057 Fax: (928) 317-5888 Email: housing@azwestern.edu

Last Name _____ First Name _____ Middle Initial _____ Semester of Enrollment _____
 Primary Address _____ City _____ State _____ Zip _____ Country _____
 Date of Birth _____ AWC ID # _____ Email Address _____ Telephone Number _____

THIS MUST BE COMPLETED BY A PHYSICIAN OR HEALTH CARE PROVIDER

Required Immunizations (NO ATTACHMENTS ACCEPTED IN PLACE OF BELOW)

MMR (Measles, Mumps, Rubella) - Two doses required (Two doses of MMR at least 28 days apart. First dose after 12 months of age. May submit titers for proof of immunization.)		Tetanus, Diphtheria - One of below doses (Must be within the last 10 years)
First Dose: _____ (Date mm/dd/yy)	OR Serologic Test: _____ (Date mm/dd/yy)	Last Dose: _____ (Date mm/dd/yy)
Second Dose: _____ (Date mm/dd/yy)	Results: _____ (Provide copy of results)	Circle type: TD or TDAP
Meningitis – One dose required at 16 years of age or older. Meningococcal Quadrivalent vaccine ACYW-135 Last Dose: _____ Circle type: Menactra or Menveo (Date mm/dd/yy)		

Vaccine	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date Received mm/dd/yy	Date of Diagnosis mm/dd/yy	Write date of Titer or Lab evidence if immune and provide copy of results.
Specify Polio OPV <input type="checkbox"/> Type: Polio IPV <input type="checkbox"/>							
Hepatitis A							
Hepatitis B							
Chicken Pox Varicella							

Signature of Health Care Provider _____ Date _____
 Address _____ Telephone Number _____

According to the Advisory Committee on Immunization Practices (ACIP) and the American College Health Association (ACHA), **other recommended immunizations include:**

- Influenza Vaccine
- Human Papilloma Virus (HPC) Vaccine
- Pneumococcal Vaccine
- COVID-19 Vaccine

For more information regarding these recommendations, please visit cdc.gov/vaccines.

Immunization Exemption Request

If you request an immunization exemption due to medical reasons or personal religious beliefs, please check the appropriate box below.

Provide supporting documentation for your selected reason for exemption and complete the **Immunization Waiver Exemption Form**. Please request this form by emailing Residential Life at housing@azwestern.edu or visiting the Residential Life Office in 3C-2114.

Medical
Physician's Statement Required

Personal / Religious Beliefs
Documentation Required

I have received and reviewed information from the Center for Disease Control and Prevention's (CDC's) website at cdc.gov/vaccines or cdc.gov/vaccines/vpd/ regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated. I understand that if I claim exemption for medical reasons or personal / religious beliefs, I may be excluded from Arizona Western College housing environments in the event of an outbreak of measles, mumps, rubella, meningitis, or SARS-CoV-2 (COVID-19) until the outbreak is over or until I submit proof of immunization. If I am not 18 years of age, my parent or legal guardian must also sign below.

Student's Signature

Date

Parent / Legal Guardian
(If required)

Date

Health Care Provider Name

Telephone Number

Address

Health Care Provider's Signature

Compliance status will be confirmed and you will be notified upon receipt of form and information verification.

Please upload the completed form with your online housing application under Immunization Records at azwestern.edu/housing or submit it via the following means:

Fax	Email	Mail	In-Person
(928) 317-5888	housing@azwestern.edu	Arizona Western College ATTN: Residential Life PO Box 929 Yuma, AZ 85366	2020 S Ave 8E Yuma, AZ 85365 Residential Life Office is located in 3C-2114