

**Arizona Western College  
Application for Permanent Waiver  
MMR Immunization  
Health & Wellness Services**

Any student requesting a permanent waiver must sign this document indicating:

1. I have received information provided by the Department of Health Services about immunizations;
2. I understand the risks and benefits of immunizations, the potential risks of non-immunization, and the risk of a measles epidemic to the student and the AWC community;
3. I refuse immunization; and
4. I agree to be excluded from all College campuses immediately upon notice of the first identified case of measles, mumps or rubella and until three weeks after the last identified case as determined by the Yuma County Health Department/Arizona State Health Department.
5. I have been informed that AWC will not refund any tuition, room and board, or any other fees to the student for any inability to attend or complete classes due to exclusion from campus under the waiver policy.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
AWC Student I.D. Number

\_\_\_\_\_  
Parent Signature  
*(Parent/Guardian signature is REQUIRED if student is under 18 years of age)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Health & Wellness Services Representative

\_\_\_\_\_  
Date

Original: Campus Health and Wellness Services  
Copy: Student