



PROOF OF IMMUNIZATION COMPLIANCE

Phone: (928) 344-7621 Fax: (928) 317 – 5888 Email: housing@azwestern.edu
 Address: 2020 S Ave 8 E, Yuma, AZ 85365 Mail to: PO Box 929, Yuma, AZ 85366

Name: _____ Semester of Enrollment: _____

Please Print (Last) (First) (M.I.)

Address: _____ Email: _____
 (Street/P.O. Box) (City) (State) (Zip Code)

Date of Birth: ____/____/____ Student ID Number: _____ Telephone: (____) _____
 Month Day Year

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

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

Influenza Vaccine – *Vaccination Schule:* Annually (recommendation applies to any and all flu vaccines)

Human Papilloma Virus (HPC) Vaccine - *Vaccination Schule:* All persons through age 26 years

Pneumococcal Vaccine - *Vaccination Schule:* Childhood, adolescence, and adulthood.

Request for Immunization Exemption: If you request an immunization exemption for medical or personal religious beliefs please check the appropriate box, provide requested documents and complete the immunization waiver exemption form (please request this form by emailing On Campus Housing at housing.azwestern.edu)

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 <https://www.cdc.gov/vaccines> or <https://www.cdc.gov/vaccines/vpd/index.html> regarding vaccine preventable diseases and related vaccinations and have chosen not to be vaccinated. I understand that if I claim exemption for personal or medical reasons, 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 (Coronavirus 2 or COVID- 19 disease) 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 or Legal Guardian, if required

Date

Health Care Provider’s Name, Address, Phone #: _____

Health Care Provider’s Signature: _____

****REMEMBER! You will not be eligible to reside in on-campus housing without a completed housing application and proof of immunization records.**

Please upload the completed form with your online housing application under immunization records. It can be accessed on the AWC Housing homepage, <http://www.azwestern.edu/housing>. Compliance can also be confirmed through e-mails received after the form has been reviewed and the information verified.

The completed form can also be submitted in person, by mail, by fax or by email to:

Address: Arizona Western College
Attn: Residence Life and Housing
PO Box 929, Yuma, AZ 85366

Email: Housing@azwestern.edu
Fax: (928) 344 – 7621
Tel: (928) 317 – 5888