



ARIZONA WESTERN
**ENTREPRENEURIAL
COLLEGE**

**Nursing Assistant Program
COVID VACCINE**

I wish to be exempt from the Covid Vaccine because (# **initial one**):

- _____ 1. I have not received the COVID-19 vaccine and do not want to receive it now. I understand that due to my nursing program requirements, exposure to potentially infectious areas and materials may cause me to be at risk of acquiring the COVID-19 virus. I understand that by declining this vaccine, I am at risk of acquiring COVID-19. In the future, if I continue to be exposed to potentially infectious areas and materials, I reserve the right to be vaccinated with the Covid Vaccine at my own expense.
- _____ 2. I have previously received the COVID-19 vaccine. Official documentation of the Covid Vaccine is attached to this form.

Vaccination Date(s): _____
Must have 2 if not the Johnson and Johnson single dose

I understand the COVID-19 vaccine may be obtained at my private physician's office, a medical clinic, many pharmacies, or the Yuma County Health Dept. at my own expense.

Students Name: _____
(print)

Signature of student Date