



ARIZONA WESTERN  
**ENTREPRENEURIAL  
COLLEGE**

**AWC Nursing Assistant Program**

**Health Evaluation/Drug Screen Consent and Release Form**

I understand that as a condition of admission in the AWC Nursing Assistant Program, I must satisfactorily meet the health and safety requirements, which include a mandatory substance abuse screen. As a candidate for admission, I fully understand that if I test positive for any drug synonymous with substance abuse or fail to pass the remaining health and safety requirements, I will be withdrawn from the course.

My signature below indicates that I agree to this drug screen, the results which the AWC Nursing Assistant Program may use in its review and consideration of my admission status, and hereby release Arizona Western College and its agents from any liability or claim arising out of this procedure or information obtained through the medical inquiries outlined above.

Student's Printed Name: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness