



ARIZONA WESTERN  
**ENTREPRENEURIAL  
COLLEGE**

**Nursing Assistant Program**  
**INFLUENZA VACCINE**

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

- \_\_\_\_\_ 1. I have not received the Influenza 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 influenza (aka the flu). I understand that I am at risk of acquiring influenza by declining this vaccine. In the future, if I continue to be exposed to potentially infectious materials, I reserve the right to be vaccinated with the Influenza Vaccine at my own expense.
- \_\_\_\_\_ 2. I have previously received this current season's Influenza Vaccine. (New flu vaccination seasons begin every September. Your vaccination must be from the most recent season.) Official documentation of the influenza vaccine is attached to this form.

Vaccination Date: \_\_\_\_\_

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

Students Name: \_\_\_\_\_  
(print)

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date