

**Butler University Health Services
Medical Exemption Request**

It is respectfully requested that _____ (student name) age _____ DOB _____ ,

Be exempted from;

_____ Physical

_____ Immunization requirements, please specify _____

Student/Parent (if minor) completion:

_____ To the best of my knowledge and belief, I am and have been in normal good health and am free from all communicable diseases (or the health of this minor).

_____ In consideration of these exemptions it is understood that I accept complete responsibility for my health (or the health of this minor).

_____ It is understood that should an emergency arise, the emergency contact or student will be notified immediately. In the event that person cannot be located immediately, the authorities of Butler University may take temporary measures as they deem necessary. This may include but not be limited to, requesting the student to leave campus in event of a declared communicable disease outbreak for any student not fully vaccinated for the disease affecting the campus community.

Print name of applicant: _____ **Signature of applicant:** _____

Print name of parent/legal guardian: _____ Signature of parent/legal guardian: _____

Address: _____ City: _____ St. _____ Zip: _____

Telephone/Cell number: _____ Email address, optional: _____

Reason for medical exemption to be completed by medical provider:

MD, DO, NP or PA signature: _____

Please print name: _____ **Date:** _____

Address: _____ City: _____ St. _____ Zip: _____

Phone number: _____

IC 20-34-3-3

Exception for student's health

Sec. 3. If a physician certifies that a particular immunization required by this chapter or IC 20-34-4 is or may be detrimental to a student's health, the requirements of this chapter or IC 20-34-4 for that particular immunization is inapplicable for the student until the immunization is found no longer detrimental to the student's health.

As added by P.L.1-2005, SEC.18.

IC 20-34-3-5

Exemption from examination

Sec. 5. If the parent of a student furnishes a certificate of examination from an Indiana physician at the beginning of a school year, the student is exempt from any examination the governing body requires under section 4 of this chapter. The certificate of examination must state that the physician has examined the student and reported the results of the examination to the parent. The governing body may require a parent to periodically furnish additional certificates.

As added by P.L.1-2005, SEC.18.

Date: _____

Co-signed by Health Services Director or designee

R 11/11/19

Dear Parent/Guardian/Student:

You or your Student has a medical/religious exemption to vaccination and is not fully immunized. Although you or your student remains at risk for getting a vaccine preventable disease, IC 20-34-4 permits your student to attend school.

In the event of an outbreak of a vaccine preventable disease for which you or your student is not fully vaccinated, you or your student may be excluded from school to protect his/her health and the health of all our students and staff. It is important to understand that with some diseases such as measles, one infected individual is an outbreak. The length of time you or your student will be kept out of school depends on the disease. The student's exclusion may be as long as 3-4 weeks.

If you or your student is excluded from school, they will also be excluded from school sponsored activities, such as sporting events, dances, and graduation that occur within the exclusion period. The school will notify you of when you or your student can return to school.

Incompletely vaccinated students can be excluded from school due to cases of measles, chickenpox, pertussis, mumps, or any other vaccine preventable disease (at the discretion of the local health officer).

Acknowledgement of Consequences of Incomplete Vaccination

I understand that I or my student may be excluded from school in the event of an outbreak of a vaccine preventable disease.

I understand that school exclusion includes after-school activities, such as sporting events, dances, and graduation.

I understand that I or my student may be required to stay home for multiple weeks during an outbreak of a vaccine preventable disease for which he/she is not vaccinated.

Parent's name, if Minor _____

Signature _____ Date _____

Student's name _____

Signature _____ Date _____