Butler University Health Services
Religious Exemption Request

As provided in in Indiana Code is 20-34-3-2*, "Religious Exemptions," it is respectfully requested that

_____ (name of student) ____ (age) _____ (DOB) be exempted on religious

grounds from:

_____ Physical or medical examination, treatment, tests

_____ Immunization requirements, please specify vaccine/s:_____

Religious affiliation: _____

Please provide any immunizations or proof of immunity if available.

Please initial the following:

_____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 further understood that should an emergency arise, that the emergency contact be notified immediately. In the

event that the contact cannot be located immediately, the authorities of Butler University may take such temporary

measures as they deem necessary. This may include but not be limited to, requesting a leave from campus in event of a

communicable disease outbreak to which you have chosen not to be immunized.

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: _____

_____Date: _____
Witness and Co-signed by Health Services Director or designee

Title 20 Education Article 34 student Health and Safety Measures, Chapter 3. Health and Safety Measures

IC 20-34-3-2 *Religious objection
Sec. 2. (a) Except as otherwise provided, a student may not be required to undergo any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 when the child's parent objects on religious grounds. A religious objection does not exempt a child from any testing, examination, immunization, or treatment required under this chapter or IC 20-34-4 unless the objection is:

(1) made in writing;
(2) signed by the child's parent; and
(3) delivered to the child's teacher or to the individual who might order a test, an exam, an immunization, or a treatment absent the objection.

R 11/06/2018

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 indivdual is an outbreak. The length of time you or your studnet will be kept out of school depends on the disease. The students'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_____