

**Butler University Health Services
Religious Exemption Application**

As provided in Indiana Code 20-12-71-14, "Religious Exemptions," it is respectfully requested that _____
be exempted on religious grounds from all physical or medical examination, treatment, test (including any test for tuberculosis required upon enrollment), or immunization requirements of Butler University and its activities.

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.

____ 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.

Print name of applicant	Signature of applicant
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Print name of parent/legal guardian	Signature of parent/legal guardian
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Address	City	St.	Zip
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Telephone Number	Date
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Emergency contact name	Telephone Number
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