Butler University Health Services
Medical Exemption Application

It is respectfully requested that _____
be exempted 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.

Reason for medical exemption: _____

MD, NP or PA signature: _____

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

Address: _____

Phone: Number: _____

Student/Parent completion: 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
Print name of parent/legal guardian	Signature of parent/legal guardian

Address	City	St.	Zip
Telephone Number		Date	
Emergency contact name		Telephone Number	

7/09