

**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.

A letter from religious leader on place of worship letterhead must be attached stating reasons. Must include name, credentials, address and phone number.

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