

**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**

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.

[Pre-2005 Elementary and Secondary Education Recodification Citation: 20-8.1-7-2.5.]

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

**IC 20-34-3-5**

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.

[Pre-2005 Elementary and Secondary Education Recodification Citation: 20-8.1-7-4.]

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

\_\_\_\_\_  
Date: \_\_\_\_\_

Received for administrative purposes ONLY by Health Services Director or designee

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).

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Acknowledgement of Consequences of Incomplete Vaccination

**Initial each item below**

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 \_\_\_\_\_