

Butler University

COVID-19 Vaccination Exemption Request Form

The following exemption request form is for: Student Employee

It is respectfully requested that _____ (name) age _____ Butler ID # _____, be exempted from the COVID-19 vaccination requirement for the following reason:

Medical Religious Personal Conviction

Religious Affiliation and/or Personal Reason: _____

Student/Parent (if minor) completion (initial on line):

_____ I understand that persons who are unvaccinated against (or for) SARS-CoV-2 (COVID-19) may be at increased risk of developing COVID-19 if exposed to this disease. Serious symptoms and effects include difficulty breathing, loss of taste or smell, body aches, and death. For more information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

_____ To the best of my knowledge and belief, I am (or my minor child is) and have been in normal good health and am free of symptoms of COVID-19.

_____ In consideration of these exemptions, it is understood that I accept complete responsibility for my health (or the health of my minor) and I am knowingly and willingly declining the COVID-19 vaccine.

_____ I understand that I (or my minor child) may be excluded from classes or my residential living space in the event of an outbreak of COVID on campus. I understand that exclusion includes all extracurricular activities, such as sporting events and graduation.

_____ I understand that by declining the COVID vaccine I (or my minor child) will not be permitted to participate in study abroad educational opportunities through Butler University.

_____ I understand that if I (or my minor child) is a close contact of a person who has tested positive for COVID-19 that I (or my minor child) will be placed in quarantine per CDC guidelines (presently 5 days).

_____ If I myself test positive I will be required to isolate at my home residence for a minimum of 5 days or the duration of the time frame in which I am symptomatic.

_____ I may change my mind at any time and accept vaccination(s) for myself (my minor child) in the future.

_____ I have had an opportunity to review vaccine information provided by the Indiana State Health Department and/or the CDC for information on the benefits and risks of vaccines and the diseases they prevent.

_____ I have had an opportunity to review information about what is in the mRNA based Vaccines (Pfizer and Moderna) and how they work.

_____ The information I have provided on this form is complete and accurate.

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 licensed medical provider:

Medical exemption reason: _____

MD, DO, NP or PA signature: _____ **Please print name:** _____ **Date:** _____

Address: _____ **City:** _____ **St:** _____ **Zip:** _____

Phone number: _____

IC 20-34-3-3

Exception for student's health

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.

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

IC 20-34-3-5

Exemption from examination

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.

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

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.

Reviewed by Butler University Health Services

Signature: _____ **Date:** _____

Rev 07/2022