

Trine 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 or immunization requirements of Trine University and its activities (excluding any test for tuberculosis required upon enrollment).

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).

____ I understand if there is a vaccine preventable outbreak on or near campus, then students holding exemptions will be excluded from all campus activities, classes and interactions with all other students, until the outbreak is declared to be over.

Printed name of applicant

Signature of applicant

Print name of parent/legal guardian

Signature of parent/legal guardian

(Only if Student is under 18)

Address

City

ST

ZIP

Telephone Number

Date

Emergency contact name

Telephone number