



Crystal Lake Elementary District 47

300 Commerce Dr., Crystal Lake, IL 60014 (815) 788-5000

www.d47.org  /D47schools  @crystallakesd47

CRYSTAL LAKE ELEMENTARY DISTRICT 47 WELLNESS SCREENING EXEMPTION – RELIGIOUS

NAME _____

DATE OF BIRTH _____ BUILDING: _____

I request exemption from District 47 annual wellness screening requirements on religious grounds.

The specific details of my objection to the wellness screening are as follows (please provide specific and complete details):

I am at least 18 years of age, accept full responsibility for my health, and enter this request for exemption as a free and voluntary act.

Signature _____

Date _____