Appendix 2

Rhode Island Department of Health
Religious Immunization Exemption Certificate
For Use in Public and Private Daycare, Preschool, School & College

Instructions for completing a Religious Immunization Exemption Certificate (Please press down firmly to penetrate all copies)
Section 1: Enter student information.
Section 2: Have parent/guardian or student (if ≥ 18 years of age) initial, sign and date after reading Vaccine Information Statement (s).
Section 3: Obtain school signatures and dates and distribute copies as outlined below.

NAME OF DAYCARE/PRESCHOOL/SCHOOL/COLLEGE	STREET ADDRESS:	CITY	ZIP CODE	PHONE

Section 1. Student Information

STUDENT NAME:		DATE OF BIRTH:	GRADE:

STREET ADDRESS:	CITY:	ZIP CODE	PHONE:
NAME AND ADDRESS OF HEALTH CARE PROVIDER:	CITY:	ZIP CODE	PHONE:

Section 2: Immunization Exemption. To be completed by Parent/Guardian or Student if ≥18 years of age

I request that the above named student be exempt from the vaccine(s) checked below based on my religious beliefs:

☐ Hepatitis B ☐ DTaP ☐ IPV ☐ Hib ☐ PCV ☐ MMR ☐ Varicella ☐ Td

I have received and read the educational materials explaining the disease(s) and vaccine (s) checked above and:

_____ Initials	I understand the benefits and the risks of the vaccine(s).
_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that if an outbreak of vaccine -preventable disease should occur, an exempt student will be excluded from school by the school administrative head for a period of time as determined by the Health Department based on a case-by-case analysis of public health risk.

I understand the above risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ _____ _____
Signature of Parent/Guardian or Student if ≥ 18 years — Date

Section 3: For School Official Use Only: Please provide date and signatures and distribute copies as outlined below.

_____ _____
School Nurse Signature — Date

_____ _____
School Administrative Head Signature — Date

Note: In accordance with the Rhode Island Department of Health's *Rules and Regulations Pertaining to Immunization and Testing for Communicable Diseases (R23-1-IMM)*, (http://www.rules.state.ri.us/rules/ , it is the responsibility of the administrative head of the of the daycare, preschool, school or college to secure compliance with the regulations. The administrative head of the daycare, preschool, school or college shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.

White Copy: Daycare/Preschool/School/College
Yellow Copy: Parent/Guardian/Student
Pink Copy: Mail to: Rhode Island Department of Health♦ Immunization Program♦ 3 Capitol Hill♦ Room 302♦ Providence RI 02908
Gold Copy: Health Care Provider