

Religious Immunization Exemption Certificate For Use in Public and Private Daycare, Preschool, School & College

Instructions for Section 1: Enter Section 2: Have Vaccine Informati Section 3: Obtain	student inform parent/guardition Statement	nation. an or student (s).					initial,	sign, and	d date a	fter reading
Name of Daycare, School, or Institution Street Address							City	Zip	Code	Phone
0 11 1 01 1										
Student Name			Date of Birth Grade			Grade				
Street Address					City Zip Code			ode	Phone	
Name and Address		City	Zip Co	Zip Code Phone						
Section 2: Immuni	ization Exempt	ions (To be co	mplet	ed by parent/gua	ardian, or	student if t	he stud	dent is 18	3 yrs. old	d or older)
I request that the al	bove named stu	dent be exemp	t from	the vaccine(s) ch	ecked belo	w based on	my reli	igious bel	liefs:	•
	Hepatitis A Rotavirus	☐ Hepatitis☐ Td/Tdap	В	☐ HIB☐ Varicella	☐ HPV	☐ Influer	nza C	∃ IPV		V □ MMR
I have received and r	ead the education	nal materials exp	laining	the disease(s) and	vaccine (s)	checked abo	ve and:			
Life II	I understand the	e benefits and th	e risks (of the vaccine(s).						
Initials Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.									
1.20.1	I understand the risk of transmitting the disease(s) to others.									
Initials Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from scho 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 the required vaccinate	ve risks of refusin		ased on	my religious belief	s. I know th	at I may re-a	ddress	this issue a	at any tim	e and complete
Signature of Parent/Guardian or Student (if the student is 18 years of age or older)						-	Date			
Section 3: For Sc			e, sign	, and distribute o	opies as	indicated b	elow.			
				Date						
Sch				 Date						
Note: In accordance Diseases (R23-1-IMM college to secure con	//), (<u>http://www.ru</u>	les.state.ri.us/ru	<u>les/</u> , it i	is the responsibility	of the admi	nistrative hea	ad of the	of the day	ycare, pre	eschool, school or

have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.