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

Instructions for completing a Religious Immunization Exemption Certificate
Section 1: Enter student information.
Section 2: Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date after reading Vaccine Information Statement (s).
Section 3: Obtain school signatures.

Name of Daycare, School, or Institution	Street Address			
Lincoln public schools	Jenckes Hill Road	Lincoln	Zip Code 02865	Phone

To	
Cc	
Bcc	
Subject	

Student Name		Date of Birth	Grade
Street Address	City Lincoln	Zip Code	Phone

Name and Address of Healthcare Provider	City	Zip Code	Phone

Section 2: Immunization Exemptions (To be completed by parent/guardian, or student if the student is 18 yrs. old or older) I request that the above named student be exempt from the vaccine(s) checked below based on my religious beliefs:

☐ **DTaP** ☐ **Hepatitis A** ☐ **Hepatitis B** ☐ **HIB** ☐x **HPV** ☐ **Influenza** ☐ **IPV** ☐ **MCV** ☐ **MMR** ☐ **PCV** ☐ **Rotavirus** ☐ **Td/Tdap** ☐ **Varicella**

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

Date (if the student is 18 years of age or older)

Section 3: For School Official Use Only – Date, sign, and distribute copies as indicated 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.

July 2017