



# Religious Immunization Exemption Certificate

## For Use in Public and Private Daycare, Preschool, School & College

**Instructions for completing a Religious Immunization Exemption Certificate (Press down firmly to mark all copies)**

**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 and dates and distribute copies as outlined below.

Name of Daycare, School, or Institution <i>Lincoln Middle School</i>	Street Address <i>152 Jenckes Hill Rd</i>	City <i>Lincoln</i>	Zip Code <i>02864</i>	Phone <i>721-3404</i>
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**Section 1. Student Information**

Student Name		Date of Birth	Grade
Street Address		City	Zip Code
Name and Address of Healthcare Provider		City	Zip Code

**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   
  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 (if the student is 18 years of age or older)	_____ Date
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**Section 3: For School Official Use Only – Date, sign, and distribute copies as indicated below.**

_____ <i>Nancy J. Plummer, RN SNT</i> School Nurse Signature	_____ <i>2016-2017</i> Date
_____ <i>Aud M. Godows</i> School Administrative Head Signature	_____ <i>2016-2017</i> 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.