

## Acknowledgement of Student Responsibilities

URI Health Services is in receipt of your COVID-19 vaccine exemption form. The next step in the exemption approval process is to complete this form. Once submitted, it will be reviewed by Health Services and you will receive an email confirming your approval or seeking additional information. Please note: This information will only be shared with the University and the RI Department of Health as it relates to essential communication regarding our pandemic response.

**First Name:** ...  
**Last Name:** ...  
**Student ID#:** ...  
**Student Email:** ...

1. Check one: ...

2. Check boxes for all statements below:

I understand the benefits and risks of the COVID-19 vaccine.  
...

I understand the risk of contracting the disease that the COVID-19 vaccine prevents including serious illness and death.  
...

I understand the risk of transmitting the COVID-19 virus to others.  
...

I understand that as an individual who has not received the COVID-19 vaccine, I must adhere to URI's health and safety guidelines in place which are based on the RI Department of Health and the Centers for Disease Control and Prevention (CDC) when I am on campus and the State of Rhode Island's guidelines in the community.  
...

I understand I will need to participate in routine COVID-19 surveillance testing, as communicated by the University in the health and safety guidelines.  
...

I understand that if I am found to be in violation of adhering to the health and safety guidelines, I will be reported to the Office of Community Standards for student conduct. Violations of health and safety guidelines will be taken very seriously due to the potential impact on the community and could result in an interim suspension from the University.  
...

I understand that my participation in certain events/activities may be restricted or limited.  
...

I understand that, if an unvaccinated student is exposed, infected, or an outbreak of COVID-19 should occur on the URI campuses where I live and/or attend classes, I will be informed and required to leave the institution for the duration of the time identified by URI Health Services in collaboration with Rhode Island Department of Health.  
...

Furthermore, if there is a COVID-19 outbreak in the URI community, I understand that I will be required to leave the campus within 2 hours (commuter students) or 8 hours (residential students). You must complete the section below with your plan.  
...

## Exemption Acknowledgement of Student Responsibilities for Medical and Religious Exemptions

**If I am informed that I must leave campus due to a COVID-19 exposure, positive test result or an outbreak, my exit plan will be as follows:**

3. I will go to the following address: (list specific address of where you will reside during the outbreak) ...

4. I will travel (not using public transportation) to the location by: (list specific means of transportation) ...

5. I understand that it is my responsibility to contact my professors individually to inform them that I cannot attend classes in person. Please note, it is the professors' discretion whether to provide alternative learning methodology (remote/virtual). Students will need to work with their instructors if prolonged absence is needed to determine if they can be successful or to explore alternatives which may include an incomplete grade, leave of absence, etc. **Please type in your first and last name below to verify you have read and understand this statement.**