



Health Services

COVID-19 Religious Immunization Exemption Certificate University of Rhode Island

Instructions for completing a Religious Immunization Exemption Certificate

Section 1: Enter individual information.

Section 2: Have parent/guardian or individual (if the individual is 18 years of age or older) initial, sign, and date after reading.

Section 3: Obtain URI signatures.

Institution	Street Address	City	Zip Code	Phone
University of Rhode Island	6 Butterfield Road	Kingston	02881	401-874-2246

Section 1: Individual Information

First Name	Last Name	Student ID #	Date of Birth	
		100		
Street Address		City	Zip Code	Phone

Healthcare Provider Information

Healthcare Provider Name

Street Address	City	Zip Code	Phone

Section 2: Immunization Exemption (to be completed by parent/guardian, or the individual if the individual is 18 years of age or older).

I request to be exempt from the vaccine checked below based on my religious beliefs:

COVID-19

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

(Initials) _____	I understand the benefits and the risks of the vaccine.
(Initials) _____	I understand the risk of contracting the disease that the vaccine prevents.
(Initials) _____	I understand the risk of transmitting the disease 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 vaccination.

Signature of Parent/Guardian or Individual
(if the individual is 18 years of age or older)

Date

Section 3: For URI Official Use Only – Date, sign, and retain in electronic health record.

_____ URI Immunization Coordinator	_____ Date
_____ Director, URI Health Services or Designee	_____ Date