

EXEMPTIONS 101



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What is a religious exemption?

Religious exemptions are used when a parent has a sincerely held belief that prohibits their child/children from receiving vaccinations.

How Do I Get an exemption?

Because each state sets their own laws, every process is different for each state.

It can also depend on the school. Your school may have their own form for you to complete.

Exemption Form

Rhode Island Requirements



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

Students and children in child care (day care) and pre-kindergarten facilities can be exempted from required immunizations for religious, medical, or temporary reasons.

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	City	Zip Code	Phone
Section 1: Student Information				
Student Name		Date of Birth	Grade	
Street Address		City	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:				
<input type="checkbox"/> DTaP	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> HIB	<input type="checkbox"/> HPV
<input type="checkbox"/> PCV	<input type="checkbox"/> Rotavirus	<input type="checkbox"/> Td/Tdap	<input type="checkbox"/> Varicella	<input type="checkbox"/> Influenza
<input type="checkbox"/> IPV	<input type="checkbox"/> MCV	<input type="checkbox"/> MMR		
I have received and read the educational materials explaining the disease(s) and vaccine (s) checked above and:				
_____	I understand the benefits and the risks of the vaccine(s).			
_____	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.			
_____	I understand the risk of transmitting the disease(s) to others.			
_____	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		
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 (216-RICR-30-05-3), it is the responsibility of the administrative head 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.				

May 1, 2019