

Religious Immunization Exemption Certificate Rhode Island College - Fall 2022

Institution Rhode Island College	Street Address 600 Mount Pleasant Ave	City Providence	Zip Code 02908	Phone 401.4568055
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Section 1: Individual Information

First Name	Last Name	ID #	Date of Birth	
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 applicant)

I request to be exempt from the vaccine checked below based on my religious belief as stated here:

COVID-19 Others vaccines (list): _____

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(s).

(Initials) _____ I understand the risk of contracting the disease(s) that the vaccine prevents.

(Initials) _____ I understand the risk of transmitting the disease(s) to others.

(Initials) _____	<p>RI College provides equal opportunity without regard to any protected status and an education environment that is free of unlawful harassment, discrimination, and retaliation. RI College will provide an exemption for a student's sincerely held religious belief practice or observance which prohibits the student from receiving a COVID-19 or other vaccine, provided the accommodation is reasonable and does not create an undue hardship for RI College. Should your request be approved and should the prevalence of COVID-19 or other communicable illness within the RI College and local community rise to a concerning level, RI College may modify an exemption granted to limit the spread and transmission. If the request is granted you may be asked to wear a mask at certain times or be required to comply with additional public health mitigation measures, including but not limited to regular COVID-19 testing. You assume the risks associated with refusing to receive a COVID-19 or other vaccine, verify that the information that you are submitting in support of your request for an exemption is complete and accurate, and understand that any intentional misrepresentation in this request may result in disciplinary action. RI College reserves the right to follow up on the assertion or request further information.</p>
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I understand the above risks of refusing to vaccinate based on my religious beliefs. I understand that I may re-address this issue at any time and complete the required vaccination(s).

<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date</p>
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Section 3: For RIC Official Use Only – Date, sign, and retain in electronic health record.

<p>_____</p> <p>Director, RIC Health Services or Designee</p>	<p>_____</p> <p>Date</p>
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