

## Request for Religious Immunization Exemption Certificate Form

### Instructions for completing a Request for Religious Immunization Exemption Certificate

**Section 1:** Enter individual and healthcare provider 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 RIC signatures.

#### Section 1: Individual Information

|                |           |              |               |
|----------------|-----------|--------------|---------------|
| First Name     | Last Name | Student 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 parent/guardian, or the individual if the individual is 18 years of age or older).

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

- COVID-19     
  Other (please specify): \_\_\_\_\_

**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 that the vaccine(s) prevent(s).  |
| (Initials) _____ | I understand the risk of transmitting the disease to others.  |
| (Initials) _____ | <p>I understand that, if an outbreak of vaccine-preventable disease should occur, I may be excluded from on-campus classes and activities for a period of time as determined by the College with due consideration of such guidance as may exist from public health agencies including but not limited to the Rhode Island Department of Health (RIDOH), based on a case-by-case analysis of public health risk. <b>I understand that I will need to adhere to the College's and/or RIDOH/CDC protocols for unvaccinated individuals as it relates to masking and COVID-19 screening and surveillance testing. Non-compliance will be reported to the appropriate office, i.e. Dean of Students or Human Resources, which may take such action as is permitted by applicable policies, procedures or contracts.</b></p> |

I understand the above-referenced risks of refusing to vaccinate based on my sincerely held religious beliefs. I know that I may re-address this issue at any time and complete the required vaccination(s). I acknowledge that I have read and initialed Notes 1-6 (on page 2) and provided the requested information for consideration. I understand the contents of such Notes and stated beliefs that the information I have provided is truthful and accurate.

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

\_\_\_\_\_  
 Date

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

|  |                       |
|--|-----------------------|
| <p>_____<br/>RIC Student Health Services Staff</p>         | <p>_____<br/>Date</p> |
| <p>_____<br/>Director, RIC Health Services or Designee</p> | <p>_____<br/>Date</p> |

September 2021

NOTES

**1. In making this request for exemption from the COVID-19 vaccination requirement, I am asserting that the request is based upon a sincerely held religious belief. I understand that a sincerely held intellectual, scientific, political or economic belief is not a religious belief. Following is a brief summary of the basis for my assertion that getting a COVID-19 vaccine would violate my sincerely held religious belief:**

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Initials: \_\_\_\_\_

**2. I have refused the following vaccines based upon my sincerely held religious beliefs:**

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Initials: \_\_\_\_\_

**3. I understand that RIC may request further information concerning the tenets of my religion or the identity of religious leaders in order to verify that my religion includes beliefs that are inconsistent with receiving the COVID-19 vaccination. Upon such request, I agree to provide such information as is within my knowledge.**

Initials: \_\_\_\_\_

**4. I understand that my request for a religious exemption may be denied or limited if granting it would place an undue burden on the College, including health and safety risks to students, employees and faculty.**

Initials: \_\_\_\_\_

**5. I understand that if my request for a religious exemption to the COVID-19 vaccination is granted, I may be subject to requirements/limitations that vaccinated individuals are not subject to, including but not limited to: that I wear an approved mask; that I provide proof of testing as required; and that I may be precluded from certain College activities or programs based upon health risks that might result from my unvaccinated status.**

Initials: \_\_\_\_\_

**6. I understand that the statements made in this request for a religious exemption are made in my capacity as an employee/student of the College. I certify that such statements are true and acknowledge that providing untruthful information in this form could lead to discipline under applicable College policies or collective bargaining agreements.**

Initials: \_\_\_\_\_