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

Instructions for completing a Temporary 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.
Section 3: Obtain school signatures and dates and distribute copies as outlined below.

Section 1: Student Information

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Date of Birth</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Name and Address of Healthcare Provider</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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 temporarily exempt from the vaccine(s) checked below. An appointment with a healthcare provider for the following required immunization(s) has been made on (date):_______________.

☐ DTaP ☐ Hepatitis A ☐ Hepatitis B ☐ HIB ☐ IPV ☐ MCV ☐ MMR
☐ PCV ☐ Rotavirus ☐ Td/Tdap ☐ Varicella ☐ HPV ☐ Influenza

I understand that:

• The temporary exemption allows a student to enter or remain in school until the date of the immunization appointment noted above, and will expire on this date.

• The student must present a copy of the record of immunization(s) given to the school on or prior to, reentry. Failure by the student to obtain the required immunizations will result in exclusion from school.

__________________________  ________ __________
Signature of Parent/Guardian or Student Date
(if the student is 18 years old or older)

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.