



# RICAIR COVID-19 Immunization Record Correction Request Form

Please use this form to request a correction or addition to a COVID-19 immunization record in the Rhode Island Child and Adult Immunization Registry (RICAIR). For more information about RICAIR, please go to <https://health.ri.gov/ricair>. If the documentation submitted meets our criteria, the information on this form will be used to update the RICAIR immunization record.

Submit the completed form and the required attachments to [RIDOH.RICAIR@health.ri.gov](mailto:RIDOH.RICAIR@health.ri.gov) or mail to:

RICAIR/KIDSNET Updates  
3 Capitol Hill  
Providence, RI 02908

**\*PLEASE PRINT\***

Patient Information					
Patient Name:					
Date of Birth: (MM/DD/YYYY)		Gender:			
Race:		Ethnicity:			
Street Address:					
City:		State:		ZIP:	
Primary Care Office:		Insurance:			

Contact Information					
Cell Phone:	( )	Home Phone:	( )		
Primary Email Address:					
Alternate Email Address:					
Prior Street Address:					
City:		State:		ZIP	



# RICAIR COVID-19 Immunization Record Correction Request Form

**Please attach a copy of your COVID-19 vaccination record and/or any other requested documents.**

## Correction/Action Required (Check All That Apply)

- ☐ I would like to add or correct a COVID-19 vaccination in my records (**Please attach a copy of your COVID-19 vaccination record**).
- ☐ I would like to correct or updated the following in my existing vaccine records (**Please attach proof of identification**).
- ☐ Name
  - ☐ Address
  - ☐ Email
  - ☐ Phone Number
  - ☐ Date of Birth

Requests to change your name, address, phone number, email, and/or date of birth within your vaccination record requires that you provide proof of your identity in accordance with the following guidelines:

- A copy of ONE (1) government-issued identification, such as a driver's license, passport, military identification, certificate of naturalization, or alien registration card; or
- A copy of TWO (2) documents that provide both your name and current address, including a utility bill, bank statement, insurance, car registration, pay stub, etc.

**\*\*Any Record Correction Request Forms received without the proper proof of identity or the completed authorization will not be processed.\*\***

## Authorization

- ☐ I hereby certify under the pains and penalties of perjury that I am the person identified on this form, their parent or legal guardian, or that I have their legal proxy, and that I have the legal right to access and/or request that changes be made as described herein. I further certify that all of the information contained herein is accurate and correct. I agree that the information above **may** be entered into the Rhode Island Child and Adult Immunization Registry (RICAIR) for care coordination and to monitor statewide vaccination coverage.

**Signature**

**Date**