

RICAIR COVID-19 Immunization Record Correction Request

Please use this form to request a correction 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 verified, the information on this form will be used to update the RICAIR immunization record. If the individual got the vaccine in a doctor's office or through any provider who has their medical records, please submit the request to them.

Submit the completed form and the required attachment to RIDOH.RICAIR@health.ri.gov or mail to:
RICAIR/KIDSNET Updates
3 Capitol Hill
Providence, RI 02908

Patient Information					
Patient Name:					
Date of Birth:		Gender:			
Email:		Phone Number: (Cell Preferred)			
Street Address:					
City:		State:		ZIP	

Change Requested: _____

Please submit this form with a copy of the COVID-19 Vaccination Record Card or other official immunization record.

Check if immunization was given at a clinic or doctor's office outside of Rhode Island.

Please list the name of the practice or location where the vaccine was given:

Authorization			
<input type="checkbox"/> I certify that I am the person identified on this form or have explicit permission from the person identified on this form to fill it out on his/her behalf. 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. Further, I agree that the information above is correct.			
Electronic Signature		Date	

