



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

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



# 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.

<b>Signature</b>		<b>Date</b>	
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