



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

Instructions for completing a Temporary Immunization Exemption Certificate (Press down firmly to mark all copies)

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

Student Name		Date of Birth	Grade
Street Address	City	Zip Code	Phone
Name and Address of Healthcare Provider	City	Zip Code	Phone

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):_____.

- | | | | | | | | | |
|-------------------------------|--------------------------------------|--------------------------------------|------------------------------------|------------------------------|------------------------------------|------------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> DTaP | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> HIB | <input type="checkbox"/> HPV | <input type="checkbox"/> Influenza | <input type="checkbox"/> IPV | <input type="checkbox"/> MCV | <input type="checkbox"/> MMR |
| <input type="checkbox"/> PCV | <input type="checkbox"/> Rotavirus | <input type="checkbox"/> Td/Tdap | <input type="checkbox"/> Varicella | | | | | |

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
(if the student is 18 years old or older)

Date

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 (R23-1-IMM)*, (<http://www.rules.state.ri.us/rules/>), it is the responsibility of the administrative head of the 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.