



STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
235 S. BERETANIA STREET
HONOLULU, HAWAII 96813-2437

COVID-19 Vaccination Status Attestation

Please check the box below that coincides with your vaccination status and return this attestation form to department designee by Close of Business on Monday, August 16, 2021. New employees must complete and submit this form prior to their first day of employment.

- I am fully vaccinated and have attached a copy of my CDC COVID-19 Vaccination Record Card.** Employees are considered “fully vaccinated” two weeks after completing the second dose of a two-dose COVID-19 vaccine (*e.g.*, Pfizer or Moderna) or two weeks after receiving a single dose of a one-dose vaccine (*e.g.*, Johnson & Johnson/Janssen).
- I am not yet fully vaccinated**—I received my first dose of the Moderna or Pfizer vaccine, and my second appointment has been scheduled **or** I received my final dose less than two weeks ago **or** I received a single dose of a one-dose vaccine (*e.g.*, Johnson & Johnson/Janssen) less than two weeks ago.
- I have not been vaccinated.**

Employees who choose not to complete the form will be assumed to be not fully vaccinated for purposes of application of the safety protocols. If you are not vaccinated due to medical or religious reasons, please check “I have not been vaccinated.” If you have already received one dose of a vaccine, but are not yet fully vaccinated, or if you received your final dose less than two weeks ago, then you will be treated as **not** fully vaccinated until you are at least two weeks past your final dose and have resubmitted your vaccination information.

Employees who are not fully vaccinated will be required to undergo COVID-19 testing on a weekly basis and submit those results in a timely manner to their department designee. Departments may require up to two tests per week. You may go to any free COVID-19 testing site (see <https://hawaiiicovid19.com/testing-isolation-quarantine/>).

Consequence of Failure to Provide Information: I attest that the information provided in this form is accurate and true to the best of my knowledge. I understand that knowingly making a false statement on this form is a crime and can be punished by fine or imprisonment or both (HRS § 710-1063). I understand that making a false statement on this form may also result in disciplinary action, up to and including termination.

Printed Name

Date

Signature