

STATE OF HAWAI'I DEPARTMENT OF EDUCATION

P.O. BOX 2360 HONOLULU, HAWAI'I 96804

Volunteer Attestation Statement

On August 5, 2021, Governor David Y. Ige issued an Emergency Proclamation Related to the COVID-19 Response. To comply with the Governor's proclamation, provide a safe environment for students and staff, and support the Department's 3-1-1 initiative, the Hawaii State Department of Education requires all employees and volunteers to be tested for COVID-19 weekly by August 23, 2021. If employees and volunteers can attest and provide proof that they are fully vaccinated, they will not be subject to the weekly testing requirement.

Please check the box below that coincides with your vaccination or testing status and return this attestation form to the school or office before volunteering.

Vaccir — —	ccination Status: I am fully vaccinated for COVID-19 (two weeks have passed OR two weeks since my single-dose vaccine). I am partially vaccinated for COVID-19 (received one of a two	
Testin	sting Status:	
	My latest COVID-19 testing results are negative. I have receded ays.	
	I have written documentation from a licensed health care pro Department of Health stating that I had tested positive for CO written documentation states the date of the infection and the quarantine.	OVID-19 within the last 90 days. This
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, imprisonment, or both (HRS § 710-1063). I also understand that I may be required to show proof of vaccination or testing that aligns with the above selection on this attestation statement. I understand that if I am not vaccinated, I will need to show proof of a negative COVID-19 test every seven (7) days.		
Printe	nted Name Date	
Signat	nature	