

## 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.

Vaccination Status:	
I am fully vaccinated for COVID-19 (t	wo weeks have passed since my second dose of a 2-dose series
OR two weeks since my single-dose	vaccine).
I am partially vaccinated for COVID-1	9 (received one of a two-dose course of vaccination).
Testing Status:	
My latest COVID-19 testing results and days.	re negative. I have received this test within the past seven (7)
Department of Health stating that I have	licensed health care provider or letter from the State of Hawaii ad tested positive for COVID-19 within the last 90 days. This is of the infection and that I have been released from isolation or
understand that knowingly making a false simprisonment, or both (HRS § 710-1063). vaccination or testing that aligns with the a	s form is accurate and true to the best of my knowledge. I statement on this form is a crime and can be punished by fine, I also understand that I may be required to show proof of bove selection on this attestation statement. I understand that
ii i am not vaccinated, i will need to snow p	proof of a negative COVID-19 test every seven (7) days.
Printed Name	 Date
. miles rismo	Date
Signature	-