

DEPARTMENT: _____

CONFIDENTIAL

PRINT NAME: _____

COVID-19 VACCINATION ATTESTATION FORM—Due Date: August 23, 2021

Pursuant to Mayor's Directive 21-7, Amendment 1, all City employees must be vaccinated against COVID-19 by August 23, 2021. The only exceptions are for those who have received approval for a religious or medical exemption. **You may skip this form by entering the information electronically by August 23, 2021. Go to <https://web1.hnl.info/cityvax> and follow the instructions.**

To confirm that you are in compliance with the Mayor's Directive, please complete and sign the section of the form that applies to you ("Vaccinated" or "Unvaccinated"). In order to maintain confidentiality, please fold the completed form so only your name, the word "**CONFIDENTIAL**," and your department appear at the top of the form. Return the form to the designated person in your department by **August 23, 2021**. Failure to return the form by **August 23, 2021**, will result in appropriate action taken against you, which may include separation from City employment.

IF YOU ARE FULLY OR PARTIALLY VACCINATED AND WILL BECOME FULLY VACCINATED:

Complete this section to certify that you have received at least one dose of a COVID-19 Vaccine and will receive the 2nd dose of a two-dose vaccine by **September 23, 2021**.

Place a large "X" in Box A if one of the statements below is true:

- I have received both doses of a two-dose vaccine (Pfizer or Moderna), OR
- I have received one dose of a single dose vaccine (Johnson and Johnson)

Box A

Place a large "X" in Box B if BOTH statements below are true as of **August 23, 2021**:

- I have received the first dose of a two-dose vaccine (Pfizer or Moderna), AND
- I will receive the 2nd dose by **September 23, 2021**.*

Box B

I certify that the information provided is true and correct. I also understand that I will be required to provide proof of my COVID-19 vaccination at a later time. In addition, if I have checked Box B, I understand that I am required to get the 2nd dose of the COVID-19 vaccine by **September 23, 2021**. I understand that if I do not provide proof of my vaccine or I do not get the 2nd dose of a two-dose COVID-19 vaccine by **September 23, 2021**, appropriate action will be taken against me, including separation from City employment. Providing false, inaccurate, or incorrect information will be subject to appropriate action taken against me, including separation from City employment.

Signature: _____

Date: _____

IF YOU ARE UNVACCINATED AND/OR WILL NOT BECOME FULLY VACCINATED:

Complete this section if you have **not** received at least one dose of a COVID-19 Vaccine or have only received one-dose of a two-dose vaccine and will **not** receive the second dose by **September 23, 2021**.

Place a large "X" in box C if the following statement is true:

- On or before August 23, 2021 I have submitted, or will submit, a request for a religious or medical exemption from the COVID-19 Vaccine Mandate.

Box C

While your request is pending, and if it is approved, you will be subject to weekly COVID-19 testing.*

If your request is denied, you will be subject to appropriate action, which may include separation from City employment.

Place a large "X" in box D if BOTH statements below are **true**:

- By August 23, 2021, I have **not**, and will **not**, receive two doses of the two-dose vaccines (Pfizer or Moderna), one dose of the one-dose vaccine (Johnson and Johnson), or one dose of the two-dose vaccine—and I will not receive the second dose by September 23, 2021*, **AND**
- By August 23, 2021, I will **not** submit a request for religious or medical exemption from the COVID-19 vaccine mandate.

Box D

If you check Box D, appropriate action will be taken and your City employment may end.

I certify that the information provided above is true and correct and understand the consequences of my unvaccinated status.

Signature: _____

Date: _____

* Temporary medical exemptions from completing the COVID-19 vaccine or testing requirement may be granted for reasons approved by City Physicians. The reasons may include, but are not limited to, the employee not being able to obtain a COVID-19 vaccine by the deadline because the employee is in quarantine. Written documentation from a licensed physician which confirms the reason for the temporary exemption must be provided.