

THE EPISCOPAL DIOCESE OF HAWAII

COVID-19 Vaccination Status

I understand that during the current COVID-19 conditions in Hawaii, The Episcopal Diocese of Hawaii (“Diocese”) is seeking my cooperation in disclosing my COVID-19 vaccination status. This information shall be treated as confidential medical information as required by applicable laws. Please check ONE of the choices below:

_____ I am fully vaccinated. Fully vaccinated means that I have received two doses of the Pfizer or Moderna COVID-19 vaccines and it has been at least 2 weeks since my second dose, or I have received one dose of the Johnson & Johnson COVID-19 vaccine and it has been at least 2 weeks since my receipt of this single-dose vaccine.

_____ I am partially vaccinated. Partially vaccinated means that I have received one dose of the Pfizer or Moderna COVID-19 vaccine, or it has been less than 2 weeks since my second dose, or it has been less than 2 weeks since my receipt of the single-dose of the Johnson & Johnson COVID-19 vaccine.

_____ I am not vaccinated.

By signing this form, I am certifying that the information I have provided on this form is truthful and correct. The Diocese may require me to produce proof of my vaccination status. For employees, failure to complete this form in a timely manner as requested by the Diocese or the failure to provide truthful and correct information on this form and/or failure to complete this form may result in disciplinary action, up to and including termination for falsification and/or dishonesty.

Name (please print): _____

Signature: _____

Date: _____