



Covid-19 Vaccination Verification Form

Section 1: Self-Certification of COVID-19 Vaccination Status

If you certify that you have received an approved vaccine and that your COVID-19 vaccination status is current (Section 1), please complete additional information about your vaccination status.

I certify that I have received **at least one shot** of an approved vaccine and that my COVID-19 vaccination status is current. I understand that I may be expected to provide supporting documentation to this effect immediately upon request. I further understand that for purposes of this certification, I am only 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) and that I should not check this box and certify myself until I am fully vaccinated.

I certify that I am fully vaccinated and that my COVID-19 vaccination status is current. I understand that I may be expected to provide supporting documentation to this effect immediately upon request. I further understand that for purposes of this certification, I am only 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) and that I should not check this box and certify myself until I am fully vaccinated.

I certify that I qualify for a medical exemption and have not received a COVID-19 vaccine, nor do I plan to. I understand that I may be expected to provide supporting documentation to this effect immediately upon request.

Please provide the following information:

Manufacturer of your COVID-19 vaccine: Pfizer Moderna Johnson & Johnson/Janssen

Date Received 1st Dose : _____

Date Received 2nd Dose: _____

Date Received Booster (if applicable): _____

Location of vaccination received:

Facility (if known): _____

City: _____

State: _____

Section 2: Self-Attestation of Accuracy of Information Provided

I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty, may subject me to rejection of my Hualālai 'Ohana Foundation application.

Signature: _____ Date: _____

Print Name: _____

Section 3: Attachments

If you certified that you have received an approved vaccine in (Section 1), you will need to attach a photocopy of your COVID-19 vaccination proof. An example of proof is a COVID-19 Vaccination Record Card, letter from a healthcare provider, etc.