



STATE OF HAWAII
DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
235 S. BERETANIA STREET
HONOLULU, HAWAII 96813-2437

COVID-19 Weekly Testing Attestation

As required in accordance with Governor Ige’s Emergency Proclamation of August 5, 2021, all employees of the State of Hawaii who do not, by August 16, 2021, provide proof that (i) they are fully vaccinated for COVID-19; (ii) have completed a single-dose vaccine; or (iii) have completed the second dose of a two-dose series **shall be subject to regular COVID-19 testing**. A State of Hawaii Executive Branch employee who is not fully vaccinated must provide this attestation of a negative COVID-19 test prior to the commencement of work at least weekly, unless exempted from testing as stated below. The information provided must be accurate and complete to the best of the individual’s knowledge. I understand that information I am providing is protected health information that will be stored with other confidential medical information, which are kept in a secure location apart from my personnel file.

I understand that knowingly making a false statement on this form is a crime and can be punished by fine or imprisonment or both (HRS § 710-1063). I also understand that making a false statement on this form may result in disciplinary action, up to and including termination. I have read the above disclosure pertaining to my obligation to obtain and submit to my department, office or agency designee, this attestation of a negative test result for COVID-19 from an FDA emergency use authorization antigen or nucleic acid amplification test completed by a CLIA certified laboratory or testing site prior to the commencement of work.

I attest to one of the following (please select one) for the work week starting on _____

- I have received a negative test result for COVID-19 within the past seven days and have attached documentation if required by my department, office or agency.
- I have received a negative test result for COVID-19 within the past seven days but did not receive documentation from the laboratory/testing site and have completed the fields below.

Name and Location of Testing Site _____

Date of Test _____

- I have not received a negative test result for COVID-19 within the past seven days, but was previously diagnosed with COVID-19 and have attached documentation (such as a positive PCR test) that confirms this diagnosis. I understand that I have an exemption from the weekly testing requirement for 90 days from the date of that positive test but will need to resume weekly testing thereafter if I am not fully vaccinated by then.

Date of Positive Test Result _____

- I am partially vaccinated and intend to become fully vaccinated by September 13, 2021, or alternately, if I choose to begin a COVID-19 vaccination regimen, I will complete the regimen within four weeks. I will submit a new Vaccination Attestation form and CDC COVID-19 Vaccination Record Card at that time.

Printed Name

Signature

Date