

DAVID Y. IGE
GOVERNOR OF
HAWAII



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BOARD OF LAND AND NATURAL RESOURCES
COMMISSION ON WATER RESOURCE MANAGEMENT

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FIRST DEPUTY

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COMMISSION ON WATER RESOURCE MANAGEMENT
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KAHOOLAWE ISLAND RESERVE COMMISSION
LAND
STATE PARKS

STATE OF HAWAII
DEPARTMENT OF LAND AND NATURAL RESOURCES

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**CONTRACTOR/VENDOR COMPLIANCE WITH EXECUTIVE ORDER NO. 21-07
(ACCESS TO STATE PROPERTY)**

On September 8, 2021, Governor Ige issued Executive Order No. 21-07, which seeks to ensure the safety of the government workforce from the escalating threat posed by the Delta variant of COVID-19 by requiring contractors and visitors to provide their vaccination or testing status as a condition of entry onto State property and into State facilities. This order goes into effect on September 13, 2021.

As a contractor of the State of Hawaii, you are required to identify all employees accessing State facilities and attest if they are (1) fully vaccinated for COVID-19, (2) partially vaccinated for COVID-19, or (3) not vaccinated for COVID-19. Further, for partially vaccinated or unvaccinated employees, you must provide weekly verification that such employees will not enter a State facility unless they have obtained a negative test result of a COVID-19 test within the past 72 hours. A violation of this order may be subject to contractual remedies or other remedies allowed under the law. Please use this form to list your employees who will access State facilities and indicate their vaccination status. Additional space is provided on the next page if necessary.

<u>Employee Name</u>	<u>Vaccination Status (select one)</u>		
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated
_____	() Full	() Partial	() Unvaccinated

By signing below, I attest that the information provided above is accurate and understand that I may be requested to provide proof of vaccination status or test results of employees listed.

Printed Name

Signature

Company Name

Date

CONTRACTOR COMPLIANCE WITH EXECUTIVE ORDER NO. 27-01 (CONTINUED)

<u>Employee Name</u>	<u>Vaccination Status (select one)</u>		
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
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_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated
_____	<input type="checkbox"/> Full	<input type="checkbox"/> Partial	<input type="checkbox"/> Unvaccinated