



Proof of COVID-19 Test or Vaccination

The Volcano Art Center is taking every precaution to ensure that all of our events are as safe as possible for our residents, visitors and volunteers and participants. Filling out this document is required for all attendees of classes, workshops, and events. All information regarding our COVID-19 policies, procedures, and protocols can be found at www.volcanoartcenter.org/about/covid-19-protocols
Visitors to a VAC gallery are not subject to this form unless requested.

The Volcano Art Center will not be saving or utilizing this data in any capacity other than to provide the State and County of Hawaii should it be absolutely necessary. Any information provided will not be shared with any other parties, businesses or by the Volcano Art Center.

Person's Name: _____ FIRST NAME _____ LAST NAME Is Person Fully Vaccinated YES NO
Has VAC Official Viewed COVID Vaccination Card: YES NO
STAFF USE ONLY

If Person Is Not Vaccinated Please Fill Out This Section:

Has Person Tested For COVID-19 In The Past Three Days: YES NO Positive or Negative: + -
COVID-19 Test Date: ____ / ____ / ____ Has VAC Official Viewed COVID Test Results Card: YES NO
STAFF USE ONLY

VAC Officials Signature: _____ Date: ____ / ____ / ____

Person's Name: _____ FIRST NAME _____ LAST NAME Is Person Fully Vaccinated YES NO
Has VAC Official Viewed COVID Vaccination Card: YES NO
STAFF USE ONLY

If Person Is Not Vaccinated Please Fill Out This Section:

Has Person Tested For COVID-19 In The Past Three Days: YES NO Positive or Negative: + -
COVID-19 Test Date: ____ / ____ / ____ Has VAC Official Viewed COVID Test Results Card: YES NO
STAFF USE ONLY

VAC Officials Signature: _____ Date: ____ / ____ / ____



Proof of COVID-19 Test or Vaccination

The Volcano Art Center is taking every precaution to ensure that all of our events are as safe as possible for our residents, visitors and volunteers and participants. Filling out this document is required for all attendees of classes, workshops, and events. All information regarding our COVID-19 policies, procedures, and protocols can be found at www.volcanoartcenter.org/about/covid-19-protocols
Visitors to a VAC gallery are not subject to this form unless requested.

The Volcano Art Center will not be saving or utilizing this data in any capacity other than to provide the State and County of Hawaii should it be absolutely necessary. Any information provided will not be shared with any other parties, businesses or by the Volcano Art Center.

Person's Name: _____ FIRST NAME _____ LAST NAME Is Person Fully Vaccinated YES NO
Has VAC Official Viewed COVID Vaccination Card: YES NO
STAFF USE ONLY

If Person Is Not Vaccinated Please Fill Out This Section:

Has Person Tested For COVID-19 In The Past Three Days: YES NO Positive or Negative: + -
COVID-19 Test Date: ____ / ____ / ____ Has VAC Official Viewed COVID Test Results Card: YES NO
STAFF USE ONLY

VAC Officials Signature: _____ Date: ____ / ____ / ____

Person's Name: _____ FIRST NAME _____ LAST NAME Is Person Fully Vaccinated YES NO
Has VAC Official Viewed COVID Vaccination Card: YES NO
STAFF USE ONLY

If Person Is Not Vaccinated Please Fill Out This Section:

Has Person Tested For COVID-19 In The Past Three Days: YES NO Positive or Negative: + -
COVID-19 Test Date: ____ / ____ / ____ Has VAC Official Viewed COVID Test Results Card: YES NO
STAFF USE ONLY

VAC Officials Signature: _____ Date: ____ / ____ / ____