

THE KAHALA BEACH
COVID VACCINE INFORMATION FORM

For use by Pool Monitors in KBA Common Area Facilities

Pool, Pool Deck, Library

To be completed for **EACH** apartment occupant.

Name: _____

Email: _____

Phone: _____

Apartment Number: _____

Photo ID Number (Drivers License, Passport, etc.) _____

Dates of Covid Vaccination: _____

Date and name of MD of Medical Exemption: _____

Age if unvaccinated child with no photo ID: _____

Please Return to Pool Attendants, KBA Office or Security with signed waivers for the Exercise Room, Library, and Pool.