

Passenger Name: _____

Departure Date: _____

Flight number: _____

AIRLINE AND AIRCRAFT OPERATOR DISCLOSURE REQUIREMENT:

As required by United States federal law, all airlines or other aircraft operators must collect the passenger attestation on behalf of the U.S. Government. All airlines and other aircraft operators must additionally confirm one of the following for each passenger – 2 years and older—prior to their boarding a flight to the United States from a foreign country:

1. A negative result for a Qualifying Test for Fully Vaccinated for those passengers who provide proof of being fully vaccinated,
2. A negative result for a Qualifying Test for Not Fully Vaccinated, or
3. Documentation of recovery from COVID-19 in the form of a positive COVID-19 viral test on a sample taken no more than 90 days prior to departure and clearance to travel.

As directed by the TSA, including through a forthcoming security directive, all airlines and other aircraft operators must additionally confirm one of the following for each noncitizen who is a nonimmigrant passenger prior to their boarding a flight to the United States from a foreign country:

1. Proof of being Fully Vaccinated Against COVID-19
2. Proof of being excepted from the requirement to be Fully Vaccinated Against COVID-19.

PASSENGER ATTESTATION REQUIREMENT FOR ALL TRAVELERS:

I [_____] have read the disclosure pertaining to my obligations concerning vaccination, testing for COVID-19 and recovery from COVID-19 after previous SARS-CoV-2 infection in order to board an aircraft departing from a foreign country and arriving in the United States.

Check one of the options that applies: (required)

1. “I attest that I am fully vaccinated against COVID-19 and have received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from me no more than 3 days before this flight’s departure.
2. “I attest that I am not fully vaccinated against COVID-19 and have received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from me no more than 1 day before the flight’s departure.
3. “I attest that I tested positive for COVID-19 and have been cleared for travel by a licensed healthcare provider or public health official. The test was a viral test that was conducted on a specimen collected from me no more than 90 days before the flight’s departure. “
4. “I attest that I have received a humanitarian or emergency exemption to the testing requirement or the documentation of recovery, as determined by CDC and documented by an official U.S. Government letter.”
5. “On behalf of [_____], I attest that this person is fully vaccinated against COVID19 and received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from the person no more than 3 days before the flight’s departure.”

6. "On behalf of [_____], I attest that this person is not fully vaccinated against COVID-19 and has received a negative pre-departure test result for COVID-19. The test was a viral test that was conducted on a specimen collected from the person no more than 1 day before the flight's departure. "
7. "On behalf of [_____], I attest that this person tested positive for COVID-19 and has been cleared for travel by a licensed healthcare provider or public health official. The test was a viral test that was conducted on a specimen collected from the person no more than 90 days before the flight's departure."
8. "On behalf of [_____], I attest that this person is between 2 and 17 years of age, is not fully vaccinated against COVID-19, and received a negative pre-departure test result for COVID19. The test was a viral test that was conducted on a specimen collected from the person no more than 3 days before the flight's departure and this person is traveling with a fully vaccinated parent or guardian."
9. "On behalf of [_____], I attest that this person has received a humanitarian or emergency exemption to the testing requirement or the documentation of recovery, as determined by CDC and documented by an official U.S. Government letter."

FOR NONCITIZENS WHO ARE NONIMIGRANTS

1. I attest that I am **fully vaccinated** against COVID-19.

On behalf of [_____], I attest that this person is fully vaccinated against COVID-19.

2. I am **not fully vaccinated** and attest that I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* based on one of the following:

- Diplomatic and Official Foreign Government Travel.
- Child under 18 years of age.
- Participant in certain COVID-19 vaccine trials as determined by CDC.
- Medical contraindication to an accepted COVID-19 vaccine as determined by CDC.
- Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter.
- Valid nonimmigrant visa holder (excluding B-1 or B-2 visas) and citizen of a *Foreign Country with Limited COVID-19 Vaccine Availability* as determined by CDC.
- Member of the U.S. Armed Forces or spouse or child (under 18 years of age) of a member of the U.S. Armed Forces.
- Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa.
- Person whose entry is in the U.S. national interest as determined by the Secretary of State, the Secretary of Transportation, the Secretary of Homeland Security, or their designees.

On behalf of [_____], I attest that this person is **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* based on one of the following (*check only one box, as applicable*):

- Diplomatic and Official Foreign Government Travel.

- Child under 18 years of age.
- Participant in certain COVID-19 vaccine trials as determined by CDC.
- Medical contraindication to an accepted COVID-19 vaccine as determined by CDC.
- Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter.
- Valid nonimmigrant visa holder (excluding B-1 or B-2 visas) and citizen of a *Foreign Country with Limited COVID-19 Vaccine Availability* as determined by CDC.
- Member of the U.S. Armed Forces or spouse or child (under 18 years of age) of a member of the U.S. Armed Forces.
- Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa.
- Person whose entry is in the U.S. national interest as determined by the Secretary of State, the Secretary of Transportation, the Secretary of Homeland Security, or their designees.

[Questions 3 and 4 only need to be filled out if passenger checks yes to No. 2]

3. I attest that I have made the following arrangements (*must check all boxes*).

- to be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have documentation of having recovered from COVID-19 in the past 90 days;
- to self-quarantine for a full 7 days, even if the test result to my post-arrival viral test is negative, unless I have documentation of having recovered from COVID-19 in the past 90 days; and
- to self-isolate if the result of the post-arrival viral test is positive or if I develop COVID-19 symptoms.

[] On behalf of [_____], I attest that such person is **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and has made or has had the following arrangements made on their behalf (*must check all boxes*)

- to be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have documentation of having recovered from COVID-19 in the past 90 days;
- to self-quarantine for a full 7 days, even if the test result to my post-arrival viral test is negative, unless I have documentation of having recovered from COVID-19 in the past 90 days; and
- to self-isolate if the result of the post-arrival viral test is positive or if I develop COVID-19 symptoms.

4. Do you, or the person you are attesting on behalf of, intend to stay in the United States for more than 60 days?

- YES (complete statement below and then sign form)
- NO

[] If YES, I attest that I agree to be vaccinated and have arranged to become fully vaccinated against COVID-19 within 60 days of arriving in the United States, or as soon thereafter as is medically appropriate.

[] If YES, on behalf of [_____], I attest that such person agrees to be vaccinated and has arranged to become fully vaccinated against COVID-19 within 60 days of arriving in the United States, or as soon as thereafter as is medically appropriate.

_____ Print Name

_____ Signature

_____ Date

“Privacy Act Statement for Travelers” with a link to the following:

Privacy Act Statement for Travelers Relating to the Requirement to Provide Proof of a Negative COVID-19 Test Result

The United States Centers for Disease Control and Prevention (CDC) requires airlines and other aircraft operators to collect this information pursuant to 42 C.F.R. §§ 71.20 and 71.31(b), as authorized by 42 U.S.C. § 264. Providing this information is mandatory for all passengers arriving by aircraft into the United States. Failure to provide this information may prevent you from boarding the plane. Additionally, passengers will be required to attest to providing complete and accurate information, and failure to do so may lead to other consequences, including criminal penalties. CDC will use this information to help prevent the introduction, transmission, and spread of communicable diseases by performing contact tracing investigations and notifying exposed individuals and public health authorities; and for health education, treatment, prophylaxis, or other appropriate public health interventions, including the implementation of travel restrictions.

The Privacy Act of 1974, 5 U.S.C. § 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC’s System of Records No. 09-20-0171, Quarantine and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 C.F.R. Parts 70 and 71. See 72 Fed. Reg. 70867 (Dec. 13, 2007), as amended by 76 Fed. Reg. 4485 (Jan. 25, 2011) and 83 Fed. Reg. 6591 (Feb. 14, 2018). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. Such lawful purposes may include, but are not limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities. CDC and cooperating authorities will retain, use, delete, or otherwise destroy the designated information in accordance with federal law and the System of Records Notice (SORN) set forth above. You may contact the system manager at dgmqpolicyoffice@cdc.gov or by mailing Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16- 4, Atlanta, GA 30329, if you have questions about CDC’s use of your data.