

**PROOF OF COVID-19 VACCINATION FOR NONCITIZEN NONIMMIGRANTS
PASSENGER DISCLOSURE AND ATTESTATION TO THE UNITED STATES OF AMERICA**

The information provided below must be accurate and complete to the best of the individual's knowledge. Under United States federal law, the applicable portion of the attestation must be completed for each passenger ages 2 years or older and the attestation must be provided to the airline or aircraft operator prior to boarding a flight to the United States from a foreign country. Failure to complete and present the applicable portion of the attestation, or submitting false or misleading information, could result in delay of travel, denial of boarding, or denial of boarding on future travel, or put the passenger or other individuals at risk of harm, including serious bodily injury or death. Any passenger who fails to comply with these requirements may be subject to criminal penalties. Willfully providing false or misleading information may lead to criminal fines and imprisonment under, among other provisions, 18 U.S.C. § 1001. Providing this information can help protect you, your friends and family, your communities, and the United States. CDC appreciates your cooperation.

One attestation form must be filled out for each passenger age 2 years or older who is not a U.S. citizen, U.S. national, lawful permanent resident, or an immigrant ("Covered Individual"), and who is seeking to enter the United States by air travel.³ The attestation may be filled out by the air passenger or on behalf of the air passenger by a legal representative, such as a parent or guardian. The passenger must also be able to check all boxes related to and comply with applicable after travel requirements to board a plane to the United States.

I, _____ am attesting on (Select one):
PRINT FIRST AND LAST NAME

My own behalf

Behalf of: _____
PRINT FIRST AND LAST NAME

A. FULLY VACCINATED (*If you check box A, skip to signature page and sign the form to complete Attestation.*)

I attest that I am (or the person I am attesting on behalf of is) **fully vaccinated** against COVID-19.

B. NOT FULLY VACCINATED OR UNWILLING TO PROVIDE PROOF OF VACCINATION

I attest that I am (or the person I am attesting on behalf of 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 (*complete C only, then sign the form to complete Attestation*).
- Child ages 2 through 17 years (*complete D only, then sign the form to complete Attestation*).
- Participant in certain COVID-19 vaccine trials, as determined by CDC (*complete D only, then sign the form to complete Attestation*).

³ Any passenger who is not a U.S. citizen, U.S. national, lawful permanent resident, or an immigrant is referred to as a *Covered Individual* because they are covered by the Presidential Proclamation and CDC's Amended Order: Implementing Presidential Proclamation on Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic. This term does not apply to crewmembers of airlines or other aircraft operators if such crewmembers and operators adhere to all industry standard protocols for the prevention of COVID-19 consistent with relevant CDC guidance.

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, may be submitted to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1318.

- Medical contraindication to an accepted COVID-19 vaccine, as determined by CDC (*complete E only, then sign the form to complete Attestation*).
- Humanitarian or emergency exception, as determined by CDC and documented by an official U.S. Government letter (*complete F only, then sign the form to complete Attestation*).
- 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 (*complete F only, then sign the form to complete Attestation*).
- Member of the U.S. Armed Forces or spouse or child (ages 2 through 17 years) of a member of the U.S. Armed Forces (*proceed to signature line only, then sign the form to complete Attestation*).
- Sea crewmember traveling pursuant to a C-1 and D nonimmigrant visa (*complete F only, then sign the form to complete Attestation*).
- 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 (*complete G only, then sign the form to complete Attestation*).

C. EXCEPTION: Diplomat and Official Foreign Government Travel

- I attest that I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and made the following arrangements (*must check all boxes in C and then sign Attestation*).
- To be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days; and
- To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during my (or this person's) isolation period and for an additional 5 days after ending isolation,
 - if the result of the post-arrival viral test is positive; or
 - if I develop (or this person develops) COVID-19 symptoms.

D. EXCEPTIONS:

- **Child ages 2 through 17 years**
- **Participant in certain COVID-19 vaccine trials as determined by CDC**

- I attest that I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and made the following arrangements (*must check all boxes in D and then sign Attestation*).
- To be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have (or the person has) documentation of having recovered from COVID-19 in the past 90 days; and
- To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during my (or this person's) isolation period and for an additional 5 days after ending isolation,
 - if the result of the post-arrival viral test is positive, or
 - if I develop (or this person develops) COVID-19 symptoms.

E. EXCEPTION: Medical contraindication to an accepted COVID-19 vaccine as determined by CDC

- I attest that I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and made the following arrangements (*must check all boxes in E and then sign Attestation*).
- To be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days; and
 - To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during my (or this person's) isolation period and for an additional 5 days after ending isolation,
 - if the result of the post-arrival viral test is positive, or
 - if I develop (or this person develops) COVID-19 symptoms.

F. EXCEPTIONS:

- **Humanitarian or emergency exception as determined by CDC;**
- **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;** or
- **Sea crewmember traveling pursuant to a C-1 and D nonimmigrant visa**

- I attest that I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and made the following arrangements (*must check all boxes in F and then sign Attestation*).
- To be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days;
 - To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during my (or this person's) isolation period and for an additional 5 days after ending isolation,
 - if the result of the post-arrival viral test is positive; or
 - if I develop (or this person develops) COVID-19 symptoms; and
 - 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 intending to stay in the United States for more than 60 days.

G. EXCEPTION: Person whose entry is in the U.S. National Interest

- I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and made the following arrangements (*must check all boxes in G and then proceed to sign Attestation*).
- To be tested with a COVID-19 viral test 3-5 days after arriving in the United States, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days;
 - To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during my (or this person's) isolation period and for an additional 5 days after ending isolation
 - if the result of the post-arrival viral test is positive, or
 - if I develop (or this person develops) COVID-19 symptoms; and

- 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 intending to stay in the United States for more than 60 days.

_____ Print Name

_____ Signature

_____ Date