Attestation for Disembarking Cruise Ship Travelers via Commercial Transportation

Prior to receiving permission to disembark and if anyone onboard will use commercial transportation to travel between the point of disembarkation and final destination, the cruise company must provide the attestation to CDC at eocevent349@cdc.gov and to the respective U.S. Coast Guard Sector. Once this attestation is approved, CDC will notify relevant partners that commercial travel may proceed.

The No Sail Order signed by the CDC Director on April 9, 2020 requires cruise companies to submit an appropriate plan “that adequately prevents, mitigates, and responds to the spread of COVID-19 on board cruise ships and that, at a minimum, must address the following elements.” This includes:

Detailed logistical planning for evacuating and repatriating, both U.S. citizens and foreign nationals, to their respective communities and home countries via foreign government or industry-chartered private transport and flights, including the steps the cruise operator will take to ensure those involved in the transport are not exposed; (the use of commercial flights to evacuate or repatriate individuals, both within or from the United States, is prohibited).

Cruise line operators may use commercial transportation for disembarking passengers or crew *only* if the President and Chief Executive Officer of the operating cruise company, the Chief Ethics and/or Compliance Officer of the operating cruise company and all parent companies, and the highest-ranking Medical Officer of the operating cruise company and all parent companies sign the following attestation with respect to the cruise ship from which passengers or crew are being disembarked:

In accordance with 18 U.S.C. § 1001, I do hereby certify that the following conditions are true as of the date of disembarkation:

A qualified medical professional has determined that there is no one on the [INSERT NAME OF CRUISE SHIP] who is exhibiting symptoms consistent with COVID-19 or any asymptomatic person on board who has tested positive for SARS-CoV-2 (the virus that causes COVID-19) within the past 28 days. If there were one or more such individuals on board, a qualified medical professional has determined that the individuals no longer pose a risk of COVID-19 transmission pursuant to Centers for Disease Control and Prevention (CDC) guidance.

A qualified medical professional has used best efforts to determine that no one onboard has been exposed to COVID-19 within the last 28 days.

I have the authority to make this certification on behalf of the [INSERT NAME OF CRUISE LINE and PARENT COMPANIES] (Companies). I am responsible for establishing and ensuring that Companies have controls and procedures (1) to proactively protect the health and safety of crew and passengers and (2) to proactively prevent the spread of COVID-19 from passengers and crew to communities after they disembark. Companies have such controls and procedures in place, including onboard the [INSERT NAME OF CRUISE SHIP] at all relevant times.

I acknowledge that any false or misleading statements or omissions may endanger health and safety, including but not limited to the loss of lives and other irreparable harm. Therefore, false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, and imprisonment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Official 1 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Official 2 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Official 3 Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Title