

ATTACHMENT A: COMBINED PASSENGER DISCLOSURE AND ATTESTATION TO THE UNITED STATES OF AMERICA

This combined passenger disclosure and attestation fulfills the requirements of U.S. Centers for Disease Control and Prevention (CDC) Orders: *Requirement for Proof of Negative COVID-19 Test Result or Recovery from COVID-19 for All Airline Passengers Arriving into the United States* and *Order Implementing Presidential Proclamation on Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic*.¹ As directed by the CDC and the Transportation Security Administration (TSA), including through a forthcoming Security Directive, to be issued after consultation with CDC, and consistent with CDC's Order implementing the Presidential Proclamation, all airline or other aircraft operators must provide the following disclosures to all passengers prior to their boarding a flight from a foreign country to the United States.

The information provided below must be accurate and complete to the best of the individual's knowledge. Under United States federal law, each passenger must complete the applicable portion of the attestation and provide it 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, 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 others, 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.

AIRLINE AND AIRCRAFT OPERATOR DISCLOSURE REQUIREMENTS:

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.

¹ These requirements (e.g. proof of negative COVID-10 test result and proof of being fully vaccinated against COVID-19) do not apply to crew members of airlines or other aircraft operators if they are traveling for the purpose of operating the aircraft, or repositioning (i.e., on "deadhead" status), provided their assignment is under an air carrier's or operator's occupational health and safety program that follows applicable industry standard protocols for the prevention of COVID-19 as set forth in relevant Safety Alerts for Operators (SAFOs) issued by the Federal Aviation Administration (FAA).

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*.

SECTION 1:

Passenger Attestation Requirement Relating to Proof of Negative COVID-19 Test Result or Recovery from COVID-19

TO BE COMPLETED BY ALL PASSENGERS:

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.

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

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.

☐ 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.

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.

☐ 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.

4. ☐ 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 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 and this person is traveling with a fully vaccinated parent(s) or guardian(s).

5. ☐ 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.

[] 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.

SECTION 2:**Passenger Attestation Requirement Relating to Presidential Proclamation on Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic****TO BE COMPLETED BY EVERY COVERED INDIVIDUAL:²**

1. ☐ I attest that I am **fully vaccinated** against COVID-19 (*sign the form to complete the Attestation*).

☐ On behalf of [____], I attest that this person is fully vaccinated against COVID-19 (*sign the form to complete the Attestation*).
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 (check only one box, as applicable):
 - ☐ Diplomatic and Official Foreign Government Travel (*complete sections 3 and 5, unless as determined by CDC, these requirements cannot be completed consistent with the purposes of the official government travel, and sign the form to complete the Attestation*).
 - ☐ Child under 18 years of age (*complete section 4 and sign the form to complete the Attestation OR have parent/legal guardian complete section 4 and sign on behalf of a person under 18 years of age*).
 - ☐ Participant in certain COVID-19 vaccine trials as determined by CDC (*complete section 4 and sign the form to complete the Attestation*).
 - ☐ Medical contraindication to an accepted COVID-19 vaccine as determined by CDC (*complete section 3 and sign the form below to complete the Attestation*).
 - ☐ Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter (*complete sections 3 and 5 below and sign the form to complete the 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 sections 3 and 5 below and sign the form to complete the Attestation*).
 - ☐ 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 (*sign the form to complete the Attestation*).
 - ☐ Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa (*complete sections 3 and 5 below and sign the form to complete the 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 sections 3 and 5 below and sign the form to complete the Attestation*).
☐ 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):

² This means any passenger covered by the Proclamation and this Order: a noncitizen (other than a U.S. lawful permanent resident or U.S. national) who is a nonimmigrant seeking to enter the United States by air travel. This term does not apply to crew members of airlines or other aircraft operators if such crewmembers and operators adhere to all industry standard protocols for the prevention of COVID-19, as set forth in relevant guidance for crewmember health issued by the CDC or by the Federal Aviation Administration in coordination with the CDC.

- ☐ Diplomatic and Official Foreign Government Travel (*complete sections 3 and 5, unless as determined by CDC, these requirements cannot be completed consistent with the purposes of the official government travel, and sign the form to complete the Attestation*).
 - ☐ Child under 18 years of age (*complete section 4 and sign the form to complete the Attestation*).
 - ☐ Participant in certain COVID-19 vaccine trials as determined by CDC (*complete section 4 and sign the form to complete the Attestation*).
 - ☐ Medical contraindication to an accepted COVID-19 vaccine as determined by CDC (*complete section 3 and sign the form below to complete the Attestation*).
 - ☐ Humanitarian and emergency exception as determined by CDC and documented by an official U.S. Government letter (*complete sections 3 and 5 below and sign the form to complete the 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 sections 3 and 5 below and sign the form to complete the Attestation*).
 - ☐ 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 (*sign the form to complete the Attestation*).
 - ☐ Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa (*complete sections 3 and 5 below and sign the form to complete the 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 sections 3 and 5 below and sign the form to complete the Attestation*).
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*).
- ☐ Testing with a COVID-19 viral test 3-5 days after arriving in the United States, unless such person has documentation of having recovered from COVID-19 in the past 90 days;
 - ☐ Self-quarantine for a full 7 days, even if the test result to the person's post-arrival viral test is negative, unless such person has documentation of having recovered from COVID-19 in the past 90 days; and
 - ☐ Self-isolation if the result of the person's post-arrival viral test is positive or if the person develops COVID-19 symptoms.
4. ☐ 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; 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*).

- ☐ Testing with a COVID-19 viral test 3-5 days after arriving in the United States, unless such person has documentation of having recovered from COVID-19 in the past 90 days; and
- ☐ Self-isolation if the result of the person's post-arrival viral test is positive or if the person develops COVID-19 symptoms.

5. 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 (*skip statement below and sign form*)

[] 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 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.