

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

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

- 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.
- 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.
- 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.
- 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).
 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 INDIVIDUAL²

- 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).
 - 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 4 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