

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

This passenger disclosure and attestation fulfills the requirements of U.S. Centers for Disease Control and Prevention (CDC) Amended 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), through Security Directive 1544-21-03 and Emergency Amendment 1546-21-02, and consistent with CDC's Order implementing the 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.

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.²

Required Proof of COVID-19 Vaccination for Non-U.S. citizen, Nonimmigrant Air Passengers

As directed by the TSA, including through a security directive or emergency amendment, 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*; or
2. Proof of being excepted from the requirement to be *Fully Vaccinated Against COVID-19*.

¹ This requirement (i.e., proof of being fully vaccinated against COVID-19) does not apply to crewmembers 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 guidance for crewmember health issued by the CDC or by the Federal Aviation Administration (FAA) in coordination with the CDC.

² This attestation does not need to be completed by or on behalf of children under 2 years of age. The airline or other aircraft operator may permit them to board an aircraft without an attestation.

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)*.

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, as set forth in relevant guidance for crewmember health issued by the CDC or by the FAA in coordination with the CDC.

- Participant in certain COVID-19 vaccine trials, as determined by CDC (*complete D only, then sign the form to complete Attestation*).
- 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;
 - To self-quarantine for a full 5 calendar days following arrival, even if the result of my (or this person's) post-arrival viral test is negative, except during periods when my (or this person's) attendance is required to carry out the purposes of the diplomatic or official foreign government travel (*e.g.*, to attend official meetings or events), 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;
 - 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;
 - To self-quarantine for a full 5 calendar days, even if the result of my (or this person's) post-arrival viral test is negative, 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-quarantine for a full 5 calendar days, even if the result of my (or this person's) post-arrival viral test is negative, 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-quarantine for a full 5 calendar days, even if the result of my (or this person's) post-arrival viral test is negative, except during periods when my (or this person's) attendance is required to carry out the purposes of the travel for the U.S. national interest (*e.g.*, to attend official meetings or events),

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

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

The U. S. 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.

IZJAVA I POTVRDA O PODACIMA PUTNIKA ZA SJEDINJENE AMERIČKE DRŽAVE - DOKAZ O VAKCINACIJI PROTIV COVID-19 ZA STRANE DRŽAVLJANE

Ova izjava i potvrda putnika ispunjava zahteve izmenjene naredbe američkih centara za kontrolu i prevenciju bolesti (CDC): Sprovođenje predsedničkog proglasa o unapređenju bezbednog nastavka globalnog putovanja tokom pandemije COVID-19.¹ Prema uputstvima CDC-a i Administracije bezbednosti transporta (TSA), kroz Direktivu o bezbednosti 1544-21-03 i Amandman za hitne slučajeve 1546-21-02, u skladu sa Nalogom CDC-a o primeni Proglasa, sve avio-kompanije ili drugi operateri aviona moraju svim putnicima da obezbede sledeće informacije pre nego što se ukrcaju na let iz strane zemlje u Sjedinjene Države.

ZAHTEV ZA AVIO-KOMPANIJE I DRUGE OPERATERE AVIONA:

Kao što je predviđeno federalnim zakonom SAD-a, putnički i drugi prevoznici u vazdušnom saobraćaju obavezuju se da potvrde o putnicima prikupljaju u ime vlade SAD.²

Dokaz o vakcinaciji protiv COVID-19 za osobe koje nisu državljani SAD i nisi imigranti

Prema uputstvima TSA, kroz Direktivu o bezbednosti ili Amandman za hitne slučajeve, sve avio-kompanije ili drugi operateri aviona moraju da potvrde jedno od sledećeg za osobe koje nisu državljani SAD i nisu imigranti pre nego što se ukrcaju u let iz strane zemlje u Sjedinjene Države:

1. Dokaz o *potpunoj vakcinaciji protiv COVID-19*; ili
2. Dokaz o izuzeću od zahteva za podnošenje dokaza o *potpunoj vakcinaciji protiv COVID-19*

¹ Ovaj zahtev se ne primenjuje na članove posade avio-kompanija ili drugih avio-operatera ako se takvi članovi posade i operateri pridržavaju svih industrijskih standardnih protokola za prevenciju COVID-19, kao što je navedeno u relevantnim smernicama za zdravlje članova posade koje izdaje CDC ili Savezna uprava za vazduhoplovstvo u koordinaciji sa CDC-om.

² Ova potvrda ne mora biti popunjena u ime dece mlađe od 2 godine. Avio-kompanija ili drugi operater vazduhoplova može im dozvoliti da se ukrcaju u vazduhoplov bez potvrde.

IZJAVA I POTVRDA O PODACIMA PUTNIKA ZA SJEDINJENE AMERIČKE DRŽAVE - DOKAZ O VAKCINACIJI PROTIV COVID-19 ZA STRANE DRŽAVLJANE

Informacije navedene u nastavku moraju biti tačne i potpune prema najboljem saznanju pojedinca. Prema saveznom zakonu Sjedinjenih Država, važeći deo atestiranja mora da se popuni za svakog putnika starosti 2 godine ili starijeg, a atest se mora dostaviti avio-kompaniji ili operateru aviona pre ukrcavanja na let za Sjedinjene Države iz strane zemlje. Propust da se popuni i predstavi važeći deo potvrde ili dostavljanje lažnih ili obmanjujućih informacija, može dovesti do kašnjenja putovanja, odbijanja ukrcavanja ili odbijanja ukrcavanja na budućem putovanju ili dovesti putnika ili druge pojedince u opasnost od povrede, uključujući tešku telesnu povredu ili smrt. Svaki putnik koji ne ispoštuje ove uslove može biti podvrgnut krivičnim kaznama. Namerno davanje lažnih ili obmanjujućih informacija može dovesti do krivičnih novčanih kazni i zatvorske kazne prema, između ostalih, odredbi 18 U.S.C. § 1001. Pružanje ovih informacija može pomoći u zaštiti Vas, Vaših prijatelja i porodice, Vaše zajednice i Sjedinjenih Država. CDC ceni vašu saradnju.

Jedan obrazac za potvrdu mora da se popuni za svakog putnika starosti 2 godine ili starijeg koji nije državljanin SAD, američki državljanin, zakoniti stalni stanovnik ili imigrant („Pokriveno lice“) i koji želi da uđe u Sjedinjene Države vazdušnim putem.³ Potvrdu može da popuni putnik u vazdušnom saobraćaju ili u ime putnika u vazdušnom saobraćaju zakonski zastupnik, kao što je roditelj ili staratelj. Putnik takođe mora biti u mogućnosti da označi sva polja koja se odnose na njegov status i da se pridržava uslova koji se primenjuju nakon putovanja da bi se ukrcao na avion za Sjedinjene Države.

JA, _____ potvrđujem (obeležiti jedno polje):

IME I PREZIME ŠTAMPANIM SLOVIMA

U svoje ime

U ime: _____

IME I PREZIME ŠTAMPANIM SLOVIMA

A. OSOBE KOJE SU POTPUNO VAKCINISANE (Ako obeležite A, pređite na liniju za potpis i potpišite obrazac kako biste završili popunjavanje Potvrde.)

Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **potpuno vakcinisan/a** protiv COVID-19.

**B. OSOBE KOJE NISU POTPUNO VAKCINISANE ILI NE ŽELE DA PRUŽE DOKAZ O
VAKCINACIJI**

Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od **zahteva za podnošenje dokaza o potpunoj vakcinaciji protiv COVID-19** na osnovu jednog od sledećih izuzetaka (obeležite samo jedno polje):

Diplomatska i zvanična putovanja u inostranstvo (popunite samo C, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde).

Deca od 2 do 17 godina starosti; (popunite samo D, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde).

³ Ovo podrazumeva svakog putnika pokrivenog Proglasom i ovim Nalogom CDC: stranac (osim zakonitog stalno nastanjenog ili američkog državljanina) koji nije imigrant koji želi da uđe u SAD vazdušnim putem. Ovaj termin se ne primenjuje na članove posade avio-kompanija ili drugih avio-operatera ako se takvi članovi posade i operateri pridržavaju svih industrijskih standardnih protokola za prevenciju COVID-19, kao što je navedeno u relevantnim smernicama za zdravlje članova posade koje izdaje CDC ili Savezna uprava za vazduhoplovstvo u koordinaciji sa CDC-om.

- Učesnici u određenim COVID-19 ispitivanjima, kako je odredio CDC (*popunite samo D, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Medicinska kontraindikacija za prihvaćenu vakcinu protiv COVID-19 koju je odredio CDC (*popunite samo E, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Humanitarni ili izuzetak po hitnom postupku kako je odredio CDC i kako je dokumentovano zvaničnim pismom US Vlade (*popunite samo F, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Nosilac važeće neimigrantske vize (osim vize B-1 ili B-2) i državljanin strane zemlje sa ograničenom dostupnošću vakcine protiv COVID-19, kako je odredio CDC (*popunite samo F, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Pripadnik Oružanih snaga SAD ili supružnik ili dete (uzrasta od 2 do 17 godina) pripadnika Oružanih snaga SAD (*pređite na liniju za potpis i potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Član pomorske posade koji putuje u skladu sa neimigrantskom vizom C-1 i D (*popunite samo F, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).
- Lice čiji je ulazak u nacionalnom interesu SAD-a, kako to odredi Državni Sekretar, Sekretar za Saobraćaj, Sekretar za Unutrašnju Bezbednost ili njihova ovlašćena lica (*popunite samo G, a zatim potpišite obrazac kako biste završili popunjavanje Potvrde*).

C. IZUZETAK: Diplomatska i zvanična putovanja u inostranstvo

- Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od zahteva za podnošenje *dokaza o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*označite sva polja pod C, a zatim potpišite obrazac*).
 - Testiranje testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako imam/imaju dokumentaciju o oporavku od COVID-19 u poslednjih 90 dana;
 - Samoizolacija u karantinu punih 5 dana, čak i ako je rezultat testa na virus nakon dolaska negativan, izuzev tokom perioda kada je moje/njihovo prisustvo neophodno na diplomatskim ili zvaničnim putovanjima u inostranstvo (npr. radi prisustvovanja zvaničnim sastancima ili događajima), osim ako imam/imaju dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana; i
 - Samoizolacija punih 5 kalendarskih dana, uz pravilno nošenje maske koja dobro prijanja kad god sam (ili ova osoba) u blizini drugih tokom perioda izolacije i dodatnih 5 dana po završetku izolacije,
 - ako je rezultat testa na virus nakon dolaska pozitivan; ili
 - ako se razviju simptomi COVID-19.

D. IZUZECI:

- **Deca od 2 do 17 godina starosti;**
- **Učesnici u određenim COVID-19 ispitivanjima, kako je odredio CDC**

- Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od zahteva za podnošenje dokaza o potpunoj vakcinaciji protiv COVID-19 i da sam napravio/la sledeće aranžmane (*označite sva polja pod D, a zatim potpišite obrazac*).
 - Testiranje testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako imam/imaju dokumentaciju o oporavku od COVID-19 u poslednjih 90 dana;
 - Samoizolacija punih 5 kalendarskih dana, uz pravilno nošenje maske koja dobro prijanja kad god sam (ili ova osoba) u blizini drugih tokom perioda izolacije i dodatnih 5 dana po završetku izolacije, ako je rezultat testa na virus nakon dolaska pozitivan ili ako se razviju simptomi COVID-19

E. IZUZETAK: Medicinska kontraindikacija za prihvaćenu vakcinu protiv COVID-19 koju je odredio CDC

- Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od zahteva za podnošenje *dokaza o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*označite sva polja pod E, a zatim potpišite obrazac*).
- Testiranje testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako imam/imaju dokumentaciju o oporavku od COVID-19 u poslednjih 90 dana;
 - Samoizolacija u karantinu punih 5 dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim ako imam/imaju dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana; i
 - Samoizolacija punih 5 kalendarskih dana, uz pravilno nošenje maske koja dobro prijanja kad god sam (ili ova osoba) u blizini drugih tokom perioda izolacije i dodatnih 5 dana po završetku izolacije, ako je rezultat testa na virus nakon dolaska pozitivan ili ako se razvijaju simptomi COVID-19

F. IZUZECI:

- **Humanitarni ili izuzetak po hitnom postupku kako je odredio CDC;**
- **Nosilac važeće neimigrantske vize (osim vize B-1 ili B-2) i državljanin strane zemlje sa ograničenom dostupnošću vakcine protiv COVID-19, kako je odredio CDC; ili**
- **Član pomorske posade koji putuje u skladu sa neimigrantskom vizom C-1 i D**

- Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od zahteva za podnošenje *dokaza o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*označite sva polja pod F, a zatim potpišite obrazac*).
- Testiranje testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako imam/imaju dokumentaciju o oporavku od COVID-19 u poslednjih 90 dana;
 - Samoizolacija u karantinu punih 5 dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim ako imam/imaju dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana; i
 - Samoizolacija punih 5 kalendarskih dana, uz pravilno nošenje maske koja dobro prijanja kad god sam (ili ova osoba) u blizini drugih tokom perioda izolacije i dodatnih 5 dana po završetku izolacije, ako je rezultat testa na virus nakon dolaska pozitivan ili ako se razvijaju simptomi COVID-19
 - Potpuna vakcinacija protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države ili čim se za to steknu zdravstveni uslovi, ukoliko nameravam da boravim u Sjedinjenim Državama duže od 60 dana.

G. IZUZETAK: Lice čiji je ulazak u nacionalnom interesu SAD-a

- Potvrđujem da sam ja (ili putnik u čije ime popunjavam potvrdu) **izuzet/a** od zahteva za podnošenje dokaza o potpunoj vakcinaciji protiv COVID-19 i da sam napravio/la sledeće aranžmane (*označite sva polja pod G, a zatim potpišite obrazac*).
- Testiranje testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako imam/imaju dokumentaciju o oporavku od COVID-19 u poslednjih 90 dana;
 - Samoizolacija u karantinu punih 5 dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim u periodima kada je moje (ili ove osobe) prisustvo potrebno da bi se izvršila svrha putovanja u nacionalnom interesu SAD (npr. da bi prisustvovali zvaničnim sastancima ili događajima), osim ako imam/imaju dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana; i
 - Samoizolacija punih 5 kalendarskih dana, uz pravilno nošenje maske koja dobro prijanja kad god sam

(ili ova osoba) u blizini drugih tokom perioda izolacije i dodatnih 5 dana po završetku izolacije, ako je rezultat testa na virus nakon dolaska pozitivan ili ako se razviju simptomi COVID-19

- Potpuna vakcinacija protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države ili čim se za to steknu zdravstveni uslovi, ukoliko nameravam da boravim u Sjedinjenim Državama duže od 60 dana.

_____ Prezime i ime štampanim slovima

_____ Potpis

_____ Datum

Izjava o privatnosti za putnike u vezi sa zahtevom da se pruži dokaz o negativnom rezultatu testa na COVID-19

Centri za kontrolu i sprečavanje bolesti SAD obavezuju putničke i druge prevoznike u vazдушnom saobraćaju da ove podatke prikupljaju u skladu sa 42 C.F.R. §§ 71.20 i 71.31(b), a po ovlašćenju iz 42 U.S.C. § 264. Pružanje ovih podataka obavezno je za sve putnike koji u Sjedinjene Američke Države doputuju vazduhoplovom. Nepružanje ovih podataka može Vas sprečiti da se ukrcate na avion. Osim toga, od putnika će se zahtevati da potvrde da su dali potpune i tačne podatke, a postupanje suprotno ovome može dovesti do drugih posledica, uključujući krivične sankcije. Centri za kontrolu i sprečavanje bolesti SAD koristiće ove podatke u svrhu sprečavanja donošenja, prenošenja i širenja prenosivih bolesti putem vođenja istraga praćenjem kontakata i obaveštavanja ugroženih lica i organa sistema zdravstvene zaštite; i za zdravstveno obrazovanje, lečenje, preventivnu zdravstvenu zaštitu ili druge odgovarajuće intervencije u sistemu zdravstvene zaštite, uključujući i primenu ograničenja putovanja.

Zakon o privatnosti (The Privacy Act) SAD iz 1974. godine, 5 U.S.C. § 552a, uređuje prikupljanje i korišćenje ovih podataka. Ovi podaci, koje održavaju Centri za kontrolu i sprečavanje bolesti SAD, biće obuhvaćeni Sistemom evidencije br. 09-20-0171 za karantinske i putne poslove Centara za kontrolu i sprečavanje bolesti SAD, uključujući i Evidenciju za istrage praćenjem kontakata i obaveštavanje po 42 C.F.R. Delovi 70 i 71. Videti 72 Fed. Reg. 70867 (13. decembar 2007. godine) u skladu sa izmenama i dopunama 76 Fed. Reg. 4485 (25. januar 2011. godine) i 83 Fed. Reg. 6591 (14. februar 2018. godine). Centri za kontrolu i sprečavanje bolesti SAD objavljujuće podatke iz sistema van svoje organizacije i Ministarstva zdravlja i socijalnih usluga SAD, a shodno propisima Zakona o privatnosti SAD, što podrazumeva i uobičajene namene za ovaj sistem koje objavljuje Savezni registar, a u skladu sa zakonom. Takve zakonske namene mogu obuhvatati, ali ne isključivo, i deljenje podataka koji otkrivaju identitet sa državnim i lokalnim odeljenjima sistema zdravstvene zaštite, kao i drugim organima koji sa njima saraduju. Centri za kontrolu i sprečavanje bolesti SAD i drugi organi koji sa njima saraduju držaće, koristiti, brisati ili na drugi način uništavati označene podatke u skladu sa saveznim pravom i prethodno navedenim Sistemom obaveštavanja o obradi podataka o ličnosti (SORN). Sa rukovodiocem ovog sistema možete stupiti u kontakt elektronski: dgmqpolicyoffice@cdc.gov ili poštom: Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16-4, Atlanta, GA 30329, ukoliko imate neka pitanja u vezi korišćenja vaših podataka od strane Centara za kontrolu i sprečavanje bolesti SAD ili poštom: Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16-4, Atlanta, GA 30329, ukoliko imate pitanja u vezi korišćenja vaših podataka od strane Centara za kontrolu i sprečavanje bolesti SAD.