

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

**PRIOLOG A: KOMBINOVANO OBELODANJIVANJE PODATAKA I POTVRDA O  
PUTNICIMA KOJI PUTUJU U SAD**

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*.<sup>1</sup> As directed by the CDC and the Transportation Security Administration (TSA), including through Security Directive 1544-21-03 and Emergency Amendment 1546-21-02, 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.

Ova kombinacija obelodanjivanja podataka i potvrda o putniku ispunjava zahteve iz Naredbe SAD Centra za kontrolu i sprečavanje bolesti (CDC): Zahtev o dokazu negativnog rezultata testa na COVID-19 ili oporavka od COVID-19 za sve putnike u avio-saobraćaju koji stižu u SAD i naredba za sprovođenje predsedničkog proglašenja o unapređenju bezbednog nastavka putovanja po svetu tokom pandemije COVID-19.<sup>1</sup> U skladu sa uputstvima CDC-a i Uprave za bezbednost u saobraćaju (TSA), uključujući i Direktivu o bezbednosti 1544-21-03 i Hitan Amandman 1546-21-02, u skladu sa Nalogom CDC-a o primeni predsedničkog proglašenja, sve avio-kompanije ili drugi avio-operateri moraju da obezbede sledeće podatke o svim putnicima pre nego što se ukrcaju na let iz strane zemlje za SAD.

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 age two 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 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.

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<sup>1</sup> 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).

<sup>1</sup> Ovi zahtevi (npr. dokaz o negativnom rezultatu testa na COVID-10 i dokaz o potpunoj vakcinaciji protiv COVID-19) ne važe za članove posade avio-kompanija ili drugih avio-operatera ako putuju u svrhu upravljanja avionom ili repositioniranja, pod uslovom da je njihov zadatak u okviru programa zaštite zdravlja i bezbednosti na radu avio-prevozioca ili operatera koji prati važeće industrijske standardne protokole za prevenciju COVID-19 kako je navedeno u relevantnim Upozorenjima o bezbednosti za operatere (SAFO) izdatim od strane Federalne uprave za vazduhoplovstva (FAA).

Dole navedene informacije moraju biti tačne i potpune prema najboljem saznanju pojedinca. Prema saveznom zakonu SAD, svaki putnik od dve godine i stariji mora da popuni odgovarajući deo uverenja i dostavi ga avio-kompaniji ili avio-operateru pre nego što se ukrca na let za SAD iz strane zemlje. Nepopunjavanje odgovarajućeg dela ovog uverenja ili podnošenje lažnih ili obmanjujućih podataka može dovesti do odlaganja putovanja, uskraćivanja ukrcavanja, uskraćivanja ukrcavanja za buduće putovanje ili izlaganja tog putnika ili drugih lica opasnosti, uključujući i tešku telesnu povredu ili smrt. Bilo koji putnik koji ne postupi u skladu sa ovim obavezama može podleći krivičnom kažnjavanju. Namerno davanje lažnih ili obmanjujućih informacija može dovesti do krivičnih novčanih kazni i zatvora prema, između ostalog, 18 U.S.C. § 1001. Pružanje ovih informacija može pomoći u zaštiti vas, vaših prijatelja i porodice, vaše zajednice i SAD. CDC ceni vašu saradnju.

#### AIRLINE AND AIRCRAFT OPERATOR DISCLOSURE REQUIREMENTS:

#### ZAHTEVI OBELODANJIVANJA PODATAKA ZA AVIO-KOMPANIJE I AVIO-OPERATORE:

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. <sup>2</sup>

Kao što zahteva savezni zakon Sjedinjenih Država, sve avio-kompanije ili drugi avio-operateri moraju prikupiti potvrde putnika u ime Vlade SAD. <sup>2</sup>

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<sup>2</sup> Children under 2 years of age do not need to complete Section 1 or Section 2 of this attestation. The airline or other aircraft operator may permit them to board an aircraft without an attestation.

<sup>2</sup> Deca mlađa od 2 godine ne moraju da popune Odeljak 1 ili Odeljak 2 ove potvrde. Avio-kompanija ili drugi avio-operater može im dozvoliti da se ukrcaju u vazduhoplov bez potvrde.

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1318

Opterećenje javnog izveštavanja ovog prikupljanja informacija procenjuje se na prosečno 2 sata po odgovoru, uključujući vreme za pregledanje uputstava, pretraživanje postojećih izvora podataka, prikupljanje i održavanje potrebnih podataka i dovršavanje i pregled prikupljanja informacija. Agencija ne sme da sprovodi ili sponzoriše, a osoba nije obavezna da odgovori na zbirku informacija osim ako ne prikazuje trenutno važeći OMB kontrolni broj. Pošaljite komentare u vezi sa ovom procenom opterećenja ili bilo kojim drugim aspektom ove kolekcije informacija, uključujući predloge za smanjenje ovog tereta, službeniku za kontrolu izveštaja CDC/ATSDR, 1600 Clifton Road NE, MS D-74, Atlanta, Džordžija 30333; PAŽNJA: PRA 0920-1318

**Required Proof of Negative COVID-19 Test Result or Recovery from COVID-19**

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* or
2. *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** letter from a licensed healthcare provider or public health official stating that the passenger has been cleared for travel.

**Neophodan dokaz o negativnom rezultatu testa na COVID-19 ili o oporavku od COVID-19**

Sve avio-kompanije i drugi avio-operateri moraju dodatno da potvrde jedno od sledećeg za svakog putnika starog 2 ili više godina, pre nego što se ukrca na let za Sjedinjene Države iz strane zemlje:

1. Negativan rezultat za *Kvalifikacioni test* ili
2. *Dokumentaciju o oporavku* od COVID-19 u vidu pozitivnog testa na virus COVID-19 na uzorku uzetom ne više od 90 dana pre polaska i pismo od licenciranog pružaoca zdravstvenih usluga ili službenika javnog zdravlja u kojem se navodi da je putniku odobreno da putuje.

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

As directed by the TSA, including through 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*
2. Proof of being excepted from the requirement to be *Fully Vaccinated Against COVID-19*.

**Neophodan dokaz o Vakcinaciji protiv COVID-19 za putnike u vazdušnom saobraćaju koji nisu SAD građani i nisu imigranti**

U skladu sa uputstvima TSA, uključujući bezbednosnu direktivu ili hitne dopune, sve avio-kompanije i drugi avio-operateri moraju dodatno da potvrde jedno od sledećeg, za svakog putnika koji nije američki državljanin i nije imigrant, pre nego što se ukrca na let za Sjedinjene Države iz strane zemlje:

1. Dokaz da je *Potpuno vakcinisan protiv COVID-19*
2. Dokaz da je izuzet od zahteva da bude *Potpuno vakcinisan protiv 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 OR ON BEHALF OF ALL PASSENGERS 2 YEARS OR OLDER, REGARDLESS OF CITIZENSHIP OR VACCINATION STATUS:<sup>3</sup>**

**ODELJAK 1:****Zahtev za potvrdom u vezi sa dokazom o putnikovom negativnom rezultatu testa na COVID-19 ili oporavku od COVID-19**

**POPUNJAJU SVI PUTNICI (ILI NEKO U NJIHOVO IME) OD DVE GODINE ILI STARIJI, BEZ OBZIRA NA DRŽAVLJANSTVO ILI STATUS VAKCINACIJE:<sup>3</sup>**

**A. NEGATIVE PRE-DEPARTURE TEST RESULT**

I attest that I 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 calendar day before the flight's departure.

On behalf of [\_\_\_\_\_], I attest that this person 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 calendar day before the flight's departure.

**A. NEGATIVNI REZULTAT TESTA PRED POLAZAK**

Potvrđujem da sam pre polaska dobio/la negativan rezultat testa na COVID-19. Test je bio virusni test koji je sproveden na uzorku koji je od mene prikupljen ne više od 1 kalendarskog dana pre poletanja.

U ime [\_\_\_\_\_] potvrđujem da je ova osoba pre polaska dobila negativan rezultat testa na COVID-19. Test je bio virusni test koji je sproveden na uzorku prikupljenom od osobe ne više od 1 kalendarskog dana pre poletanja.

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<sup>3</sup>U.S. military personnel, including civilian employees, dependents, contractors, and other U.S. government employees when traveling on official military travel orders are exempt from the testing or documentation or recovery requirement and do not need to fill out Section 1. U.S. Federal Law Enforcement Officials traveling on official orders for purposes of carrying out a law enforcement function are also exempt from the testing or documentation of recovery requirement and do not have to fill out Section 1.

<sup>3</sup>SAD vojno osoblje, uključujući zaposlene civile, zavisna lica, izvođače radova i druge službenike vlade SAD kada putuju po službenim vojnim putnim nalogima, izuzeti su od zahteva za testiranje ili dokumentacije o oporavku i ne moraju da popunjavaju odeljak 1. Službenici federalnog organa za sprovođenje zakona SAD koji putuju po službenim nalogima za potrebe sprovođenja zakona takođe su izuzeti od zahteva za testiranje ili dokumentacije o oporavku i ne moraju da popune Odeljak 1.

**B. DOCUMENTATION OF RECOVERY FROM COVID-19**

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.

**B. DOKUMENTACIJA O OPORAVKU OD COVID-19**

Potvrđujem da sam bio/la pozitivan/na na COVID-19 i da mi je licencirani zdravstveni radnik ili službenik javnog zdravlja **odobrio putovanje**. Test je bio virusni test koji je sproveden na uzorku prikupljenom od mene ne više od 90 dana pre poletanja.

U ime [\_\_\_\_\_] potvrđujem da je ova osoba bila pozitivna na COVID-19 i da je licencirani zdravstveni radnik ili službenik javnog zdravlja odobrio putovanje. Test je bio virusni test koji je sproveden na uzorku prikupljenom od osobe ne više od 90 dana pre poletanja.

**C. HUMANITARIAN EXEMPTION**

I attest that I have received a humanitarian exemption to the testing requirement, 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 exemption to the testing requirement, as determined by CDC and documented by an official U.S. Government letter.

**C. HUMANITARNO IZUZEĆE**

Potvrđujem da sam dobio/la humanitarno izuzeće od zahteva za testiranje, kako je utvrdio CDC i kako je dokumentovano zvaničnim pismom Vlade SAD.

U ime [\_\_\_\_\_] potvrđujem da je ova osoba dobila humanitarno izuzeće od zahteva za testiranje, kako je utvrdio CDC i kako je dokumentovano zvaničnim pismom Vlade SAD.

**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 OR ON BEHALF OF EVERY COVERED INDIVIDUAL 2 YEARS OR OLDER.<sup>4</sup>****Covered individuals must complete Section 1 and Section 2, and comply with applicable after travel requirements in Section 2.****ODELJAK 2:****Zahtev za dostavljanje potvrda putnika u vezi sa predsedničkim proglasom o unapređenju bezbednog nastavka globalnog putovanja tokom pandemije COVID-19****POPUNJAVAJU SVE OVIM POKRIVENE OSOBE STARE 2 GODINE ILI VIŠE (ILI NEKO U NJIHOVO IME)<sup>4</sup>****Ovim pokriveni pojedinci moraju da popune Odeljak 1 i Odeljak 2, i da se pridržavaju važećih uslova nakon putovanja u Odeljku 2.****A. FULLY VACCINATED COVERED INDIVIDUALS***(After you check a box in A, proceed to signature line and sign the form to complete the Attestation)* I attest that I am **fully vaccinated** against COVID-19. On behalf of [\_\_\_\_\_], I attest that this person is **fully vaccinated** against COVID-19.**A. POTPUNO VAKCINISANA OVIM POKRIVENA LICA***(Nakon što označite polje u A, pređite na red za potpis i potpišite obrazac da biste dovršili popunjavanje potvrde)* Potvrđujem da sam **u potpunosti vakcinisan/a** protiv COVID-19. U ime [\_\_\_\_\_] potvrđujem da je ova osoba **u potpunosti vakcinisana** protiv COVID-19.

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<sup>4</sup> This means any passenger covered by the Presidential Proclamation and CDC's implementing 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.

<sup>4</sup> Ovo podrazumeva svakog putnika obuhvaćenog predsedničkom proklamacijom i nalogom za sprovođenje CDC-a: nedržavljanin (osim zakonitog stalnog boravka u SAD ili državljanina SAD) koji je neimigrant koji želi da uđe u SAD avionskim 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.

**B. NOT FULLY VACCINATED COVERED INDIVIDUALS**

I am a Covered Individual who is 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 (*proceed to and complete C only and then sign the form to complete the Attestation*).
- Child 2 to 17 years of age (*proceed to and complete D only and then sign the form or have a legal representative sign on this person's behalf to complete the Attestation*).
- Participant in certain COVID-19 vaccine trials as determined by CDC (*proceed to and complete D only and then sign the form to complete the Attestation*).
- Medical contraindication to an accepted COVID-19 vaccine as determined by CDC (*proceed to and complete E only and then sign the form to complete the Attestation*).
- Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter (*proceed to and complete F only and then 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 (*proceed to and complete F only and then 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 (*proceed to signature line only and sign the form to complete the Attestation*).
- Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa (*proceed to and complete F only and then 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 (*proceed to and complete G only and then 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):

- Diplomatic and Official Foreign Government Travel (*proceed to and complete C only and then sign the form to complete the Attestation*).
- Child 2 to 17 years of age (*proceed to and complete D only and then sign the form or have a legal representative sign on this person's behalf to complete the Attestation*).
- Participant in certain COVID-19 vaccine trials as determined by CDC (*proceed to and complete D only and then sign the form to complete the Attestation*).
- Medical contraindication to an accepted COVID-19 vaccine as determined by CDC (*proceed to and complete E only and then sign the form to complete the Attestation*).
- Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter (*proceed to and complete F only and then 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 (*proceed to and complete F only and then 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 (*proceed to signature line only and sign the form to complete the Attestation*).
- Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa (*proceed to and complete F only and then 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 (*proceed to and complete G only and then sign the form to complete the Attestation*).

**B. OVIM POKRIVENE OSOBE KOJE NISU POTPUNO VAKCINISANE**

[ ] Ja sam ovim pokriveno lice koje nije u potpunosti vakcinisano i potvrđujem da sam **izuzet/a** od zahteva da podnesem *dokaz o potpunoj vakcinaciji protiv COVID-19* na osnovu jednog od sledećih (označite samo jedno polje, ako je primenljivo):

- Diplomatska i zvanična putovanja u inostranstvo (*nastavite i popunite samo C, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Dete od 2 do 17 godina (*nastavite i popunite samo D, a zatim potpišite obrazac ili neka zakonski zastupnik potpiše u ime ove osobe da biste dovršili popunjavanje potvrde*).
- Učesnik u određenim ispitivanjima vakcine protiv COVID-19, kako je odredio CDC (*nastavite i popunite samo D, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Medicinska kontraindikacija za prihvaćenu vakcinu protiv COVID-19, koju je odredio CDC (*nastavite i popunite samo E, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Humanitarni ili hitni izuzetak, kako je odredio CDC, dokumentovan zvaničnim pismom Vlade SAD (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Vlasnik važeće neimigrantske vize (isključujući vize B-1 ili B-2) i državljanin strane zemlje sa ograničenom dostupnošću vakcine protiv COVID-19, kako je odredio CDC (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Pripadnik Oružanih snaga SAD ili supružnik ili dete (mlađe od 18 godina) pripadnika Oružanih snaga SAD (*idite samo na liniju za potpis i potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Član pomorske posade koji putuje u skladu sa neimigrantskom vizom C-1 i D (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Osoba čiji je ulazak u nacionalnom interesu SAD, kako je to odredio državni sekretar, sekretar za saobraćaj, sekretar za unutrašnju bezbednost ili njihova ovlašćena lica (*nastavite i popunite samo G, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).

[ ] U ime [ \_\_\_\_\_ ] potvrđujem da je ova osoba **izuzeta** od zahteva za podnošenje dokaza da je potpuno vakcinisana protiv COVID-19 na osnovu jednog od sledećeg (označite samo jedno polje, ako je primenljivo):

- Diplomatska i zvanična putovanja u inostranstvo (*nastavite i popunite samo C odeljak, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Dete od 2 do 17 godina (*nastavite i popunite samo D, a zatim potpišite obrazac ili neka zakonski zastupnik potpiše u ime ove osobe da biste dovršili popunjavanje potvrde*).
- Učesnik u određenim ispitivanjima vakcine protiv COVID-19, kako je odredio CDC (*nastavite i popunite samo D, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Medicinska kontraindikacija za prihvaćenu vakcinu protiv COVID-19, koju je odredio CDC (*nastavite i popunite samo E, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Humanitarni ili hitni izuzetak, kako je odredio CDC, dokumentovan zvaničnim pismom Vlade SAD (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Vlasnik važeće neimigrantske vize (isključujući vize B-1 ili B-2) i državljanin strane zemlje sa ograničenom dostupnošću vakcine protiv COVID-19, kako je odredio CDC (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Pripadnik Oružanih snaga SAD ili supružnik ili dete (mlađe od 18 godina) pripadnika Oružanih snaga SAD (*idite samo na liniju za potpis i potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Član pomorske posade koji putuje u skladu sa neimigrantskom vizom C-1 i D (*nastavite i popunite samo F, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).
- Osoba čiji je ulazak u nacionalnom interesu SAD, kako je to odredio državni sekretar, sekretar za saobraćaj, sekretar za unutrašnju bezbednost ili njihova ovlašćena lica (*nastavite i popunite samo G, a zatim potpišite obrazac da biste dovršili popunjavanje potvrde*).



**C. EXCEPTION: Diplomat and Official Foreign Government Travel**

I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and have made the following arrangements (*must check all boxes in C 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 documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to my post-arrival viral test is negative, except during periods when my 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 documentation of having recovered from COVID-19 in the past 90 days.
- 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 in C 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 this person has documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to this person's post-arrival viral test is negative, except during periods when 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 this person has documentation of having recovered from COVID-19 in the past 90 days.
- To self-isolate if the result of the post-arrival viral test is positive or if this person develops COVID-19 symptoms.

**C. IZUZETAK: putovanja Diplomata i Službene Strane Vlade**

**Izuzet/a** sam od zahteva da podnesem dokaz da sam potpuno vakcinisan/a protiv COVID-19 i napravio/la sam sledeće aranžmane (*morate označiti sva polja u C, a zatim potpisati potvrdu*).

- Da se testiram virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako nemam dokumentaciju da sam se oporavio od COVID-19 u poslednjih 90 dana;
- Da budem u samoizolaciji punih 7 kalendarskih dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim u periodima kada je moje prisustvo potrebno za obavljanje svrhe diplomatskog ili službenog putovanja strane vlade (npr. da prisustvujem zvaničnim sastancima ili događajima), osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana.
- Da se samoizolujem ako je rezultat testa na viruse nakon dolaska pozitivan ili ako razvijem simptome COVID-19.

U ime [\_\_\_\_\_] potvrđujem da je ova osoba **izuzeta** od zahteva da podnese dokaz da je potpuno vakcinisana protiv COVID-19 i da je napravila ili da je napravila sledeće aranžmane ili neko u njeno ime (*morate označiti sva polja u C, a zatim potpisati potvrdu*).

- Da se testira virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana;
- Da bude u samoizolaciji punih 7 kalendarskih dana, čak i ako je rezultat testa na virusni test ove osobe nakon dolaska negativan, osim tokom perioda kada je prisustvo ove osobe neophodno radi obavljanja diplomatskih ili službenih putovanja u inostranstvo (npr. da prisustvuje zvaničnim sastancima ili događajima), osim ako nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana.
- Da se samoizoluje ako je rezultat testa na virus nakon dolaska pozitivan ili ako razvije simptome COVID-19.

**D. EXCEPTIONS:**

- **Child 2 to 17 years of age**
- **Participant in certain COVID-19 vaccine trials as determined by CDC**

[ ] I attest that I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and have made the following arrangements (*must check all boxes in D 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 documentation of having recovered from COVID-19 in the past 90 days;
- 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 in D 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 this person has documentation of having recovered from COVID-19 in the past 90 days;
- To self-isolate if the result of the post-arrival viral test is positive or if this person develops COVID-19 symptoms.

**D. IZUZECI:**

- **Dete od 2 do 17 godina**
- **Učesnik u određenim ispitivanjima vakcine protiv COVID-19 prema CDC-u**

[ ] Potvrđujem da sam izuzet/a od zahteva da predložim *dokaz o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*morate označiti sva polja u D, a zatim potpisati potvrdu*).

- Da se testiram virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem ako je rezultat testa na viruse nakon dolaska pozitivan ili ako razvijem simptome COVID-19.

[ ] U ime [\_\_\_\_\_] potvrđujem da je ova osoba **izuzeta** od zahteva da podnese *dokaz da je potpuno vakcinisana protiv COVID-19* i da je napravila sledeće aranžmane ili je to neko uradio u njeno ime (*morate označiti sva polja u D, a zatim potpisati potvrdu*).

- Da se testira virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana;
- Da se samoizoluje ako je rezultat testa na virus nakon dolaska pozitivan ili ako ova osoba razvije simptome COVID-19.

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

I attest that I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and have made the following arrangements (*must check all boxes in E 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 documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar 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.
- 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 in E 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 this person has documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to this person's post-arrival viral test is negative, unless this person has documentation of having recovered from COVID-19 in the past 90 days.
- To self-isolate if the result of the post-arrival viral test is positive or if this person develops COVID-19 symptoms.

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

Potvrđujem da sam **izuzet/a** od zahteva da predočim *dokaz o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*morate označiti sva polja u E i onda potpisati potvrdu*).

- Da se testiram virusnim testom na COVID-19 3-5 dana po dolasku u Sjedinjene Države, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana.
- Da se samoizolujem ako je rezultat testa na virus nakon dolaska pozitivan ili ako razvijem simptome COVID-19.

U ime [ \_\_\_\_\_ ] potvrđujem da je ova osoba **izuzeta** od zahteva da podnese *dokaz da je potpuno vakcinisana protiv COVID-19* i da je napravila ili da je neko napravio sledeće aranžmane u njeno ime (*morate označiti sva polja u E, i onda potpisati potvrdu*).

- Da se testira virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virusni test ove osobe nakon dolaska negativan, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana.
- Da se samoizoluje ako je rezultat testa na virus nakon dolaska pozitivan ili ako ova osoba razvije simptome COVID-19.

**F. EXCEPTIONS:**

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

[ ] I attest that I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and have made the following arrangements (*must check all boxes in F 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 documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar 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.
- To self-isolate if the result of the post-arrival viral test is positive or if I develop COVID-19 symptoms.
- 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.

[ ] 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 in F 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 this person has documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to this person's post-arrival viral test is negative, unless this person has documentation of having recovered from COVID-19 in the past 90.
- To self-isolate if the result of the post-arrival viral test is positive or if this person develops COVID-19 symptoms.
- 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.

**F. IZUZECI:**

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

[ ] Potvrđujem da sam **izuzet/a** od zahteva da predočim *dokaz o potpunoj vakcinaciji protiv COVID-19* i da sam napravio/la sledeće aranžmane (*morate označiti sva polja u F i onda potpisati potvrdu*).

- Da se testiram virusnim testom na COVID-19 3-5 dana po dolasku u Sjedinjene Države, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana.
- Da se samoizolujem ako je rezultat testa na virus nakon dolaska pozitivan ili ako razvijem simptome COVID-19.
- Da se potpuno vakcinišem protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države, ili čim je to medicinski prikladno, ako nameram da ostanem u Sjedinjenim Državama duže od 60 dana.

U ime [ \_\_\_\_\_ ] potvrđujem da je ova osoba **izuzeta** od zahteva da podnese dokaz da je potpuno vakcinisana protiv COVID-19 i da je napravila ili da je neko u njeno ime napravio sledeće aranžmane (*morate označiti sva polja u F, i onda potpisati potvrdu*).

- Da se testira virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virusni test ove osobe nakon dolaska negativan, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana.
- Da se samoizoluje ako je rezultat testa na virus nakon dolaska pozitivan ili ako ova osoba razvije simptome COVID-19.
- Da se potpuno vakciniše protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države, ili čim je to medicinski prikladno, ako namerava da ostane u Sjedinjenim Državama duže od 60 dana.

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

I am **excepted** from the requirement to present *Proof of Being Fully Vaccinated Against COVID-19* and have 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 documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to my post-arrival viral test is negative, except during periods when my 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 documentation of having recovered from COVID-19 in the past 90 days.
- To self-isolate if the result of the post-arrival viral test is positive or if I develop COVID-19 symptoms.
- 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.

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 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 this person has documentation of having recovered from COVID-19 in the past 90 days;
- To self-quarantine for a full 7 calendar days, even if the test result to this person's post-arrival viral test is negative, except during periods when 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 this person has documentation of having recovered from COVID-19 in the past 90 days.
- To self-isolate if the result of the post-arrival viral test is positive or if this person develops COVID-19 symptoms.
- 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. IZUZETAK: Osoba čiji je ulazak u nacionalnom interesu SAD**

Potvrđujem da sam **izuzet/a** od zahteva da predočim dokaz o potpunoj vakcinaciji protiv COVID-19 i da sam napravio/la sledeće aranžmane (*morate označiti sva polja u G i onda potpisati potvrdu*).

- Da se testiram virusnim testom na COVID-19 3-5 dana po dolasku u Sjedinjene Države, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana;

- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virus nakon dolaska negativan, osim ako nemam dokumentaciju da sam se oporavio/la od COVID-19 u poslednjih 90 dana.
- Da se samoizolujem ako je rezultat testa na virus nakon dolaska pozitivan ili ako razvijem simptome COVID-19.
- Da se potpuno vakcinišem protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države, ili čim je to medicinski prikladno, ako nameram da ostanem u Sjedinjenim Državama duže od 60 dana.

[ ] U ime [ \_\_\_\_\_ ] potvrđujem da je ova osoba **izuzeta** od zahteva da podnese dokaz da je potpuno vakcinisana protiv COVID-19 i da je napravila ili da je neko u njeno ime napravio sledeće aranžmane (*morate označiti sva polja u G, i onda potpisati potvrdu*).

- Da se testira virusnim testom na COVID-19 3-5 dana nakon dolaska u Sjedinjene Države, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana;
- Da se samoizolujem punih 7 kalendarskih dana, čak i ako je rezultat testa na virusni test ove osobe nakon dolaska negativan, osim ako ova osoba nema dokumentaciju da se oporavila od COVID-19 u poslednjih 90 dana.
- Da se samoizoluje ako je rezultat testa na virus nakon dolaska pozitivan ili ako ova osoba razvije simptome COVID-19.
- Da se potpuno vakciniše protiv COVID-19 u roku od 60 dana od dolaska u Sjedinjene Države, ili čim je to medicinski prikladno, ako namerava da ostane u Sjedinjenim Državama duže od 60 dana.

\_\_\_\_\_ 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](mailto: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 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 vazdušnom 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 postupanja 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](mailto: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.