

Passenger Attestation form – USA

Länk til Passenger Attestation form - USA

För att resa in i USA, krävs det att du fyller i ett inreseintyg, ett så kallat Passenger Attestation form – USA

Vi ber dig att skriva ut och fylla i ditt Passenger Attestation-formulär, och ta med det på resan. Länken finns överst på sidan.

Du måste dokumentera ett giltigt coronapass och vi rekommenderar att du skriver ut det och tar med dig på hela resan.

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), 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.

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.

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

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*
2. Proof of being exempted from the requirement to be *Fully Vaccinated Against COVID-19*.

¹ These requirements (e.g., proof of negative COVID-19 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).

² 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.

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

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:³

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.

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.

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.

³ 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.

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Sätt x här, om du är fullt vaccinerad.

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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.⁴

Covered individuals must complete Section 1 and Section 2, and comply with applicable after travel requirements in Section 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.

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*).

⁴ 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.

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*).

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.

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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.

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.

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 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.

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.

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- 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.

*Flygnummer och
avresedatum
Namn med stora bokstäver*

Flight Number/Date

Print Name

Underskrift

Signature

Datum

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.