

**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*.<sup>1</sup> 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.<sup>2</sup>

**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*.

CDC(疾病予防管理センター)及び TSA(米国運輸保安局)、大統領宣言に基づき安全な世界旅行再開の為に、すべての航空会社は、すべての航空旅客へ米国入国時に次の開示を提供する必要があります。

航空会社は米国国民以外のすべての航空旅客に対し、以下のいずれかを確認する必要があります。

1. 新型コロナワクチン接種証明
2. 新型コロナワクチン接種の例外要件にあてはまることの証明

2歳未満のお子様は対象外となります。

<sup>1</sup> 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.

<sup>2</sup> 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.<sup>3</sup> 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, 記入者名をブロック体で記載(例: TARO KAIRYO) 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):

- ①  Diplomatic and Official Foreign Government Travel (complete C only, then sign the form to complete Attestation).
- ②  Child ages 2 through 17 years (complete D only, then sign the form to complete Attestation).

<sup>3</sup> 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.

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

**ワクチン接種証明書の提示**

米国国民以外の2歳以上の全ての航空旅客は米国行きフライトへ搭乗する前に証明書を提示する必要があります。虚偽申告、提示しない場合は搭乗拒否される可能性があります。当件は刑事罰の対象となり罰金または懲役が科せられる場合もあります。

米国国民以外の2歳以上の全ての航空旅客一人につき1つずつ宣誓書の用意が必要です。

こちらには全員ご署名・記載が必須です

親や保護者など法定代理人による署名の場合✓し  
下線部に旅客名をブロック体で記載(例: HANA KAIRYO)

**A: ワクチン接種完了済のお客様**

(Aを記入した後、最終頁の署名欄に署名して完了)  
左記□内にチェックを入れてください。

**B: ワクチン未接種の方**

ワクチン接種の例外規定対象者の方は当てはまる理由にチェックを入れます  
①外交官または外国政府の公式訪問を行う方(Cへ)

**②2~17歳のお子様(Dへ)**

- ③  Participant in certain COVID-19 vaccine trials, as determined by CDC (complete D only, then sign the form to complete Attestation).
- ④  Medical contraindication to an accepted COVID-19 vaccine, as determined by CDC (complete E only, then sign the form to complete Attestation).
- ⑤  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).
- ⑥  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).
- ⑦  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).
- ⑧  Sea crewmember traveling pursuant to a C-1 and D nonimmigrant visa (complete F only, then sign the form to complete Attestation).
- ⑨  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).
- ①  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;
  - ②  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
  - ③  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).
- ①  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;
  - ②  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.

- ③ CDC ワクチン治験者(Dへ)
- ④ ワクチン接種に医療上の禁忌がある方(Eへ)
- ⑤ 人道または緊急の理由により CDC から例外規定の適用が認められる方(Fへ)
- ⑥ 有効な非移民ビザ(B-1またはB-2ビザ除く)を所持し、かつ、ワクチン共有に限りがある国の市民(Fへ)
- ⑦ 米国軍の構成員およびその配偶者・子ども(2~17歳)(署名欄へ)
- ⑧ C-1及びDの非移民ビザを所持する船舶乗務員(Fへ)
- ⑨ 国務長官、国土安全保障長官、もしくは彼らの指名を受けた者により、その入国が国益にかなうと決定された方(Gへ)

**C: 外交官または外国政府の公式訪問を行う方**

当てはまる方は冒頭の□にチェックを入れ□印全て確認しチェックをしてください。

- ① 米国入国 3~5 日後に新型コロナウイルス検査を受ける(過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ② 入国後のウイルス検査の結果が陰性であっても、丸 5 日間は自己隔離する(外交または政府機関の会合期間は除く/過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合は除く)
- ③ 入国後の検査結果が陽性の場合、または、新型コロナの症状が出た場合は、丸 5 日間は自己隔離し、陽性となった日または症状が出た日から 10 日間は他者と接する場合はマスクを着用する

**D: ・2~17 歳のお子様**

**・ CDC 指定ワクチン治験者**

当てはまる方は冒頭の□にチェックを入れ□印全て確認しチェックをしてください。

- ① 米国入国 3~5 日後に新型コロナウイルス検査を受ける(過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ② 入国後の検査結果が陽性の場合、または、新型コロナの症状が出た場合は、丸 5 日間は自己隔離し、陽性となった日または症状が出た日から 10 日間は他者と接する場合はマスクを着用する

**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*).
- ①  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;
  - ②  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
  - ③  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*).
- ①  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;
  - ②  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;
  - ③  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
  - ④  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*).
- ①  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;
  - ②  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),

**E: ワクチン接種に医療上の禁忌がある方**

当てはまる方は冒頭の□にチェックを入れ  
□印全て確認しチェックをしてください。

- ① 米国入国 3~5 日後に新型コロナウイルス検査を受ける (過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ② 入国後のウイルス検査の結果が陰性であっても、丸 5 日間は自己隔離する (過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ③ 入国後の検査結果が陽性の場合、または、新型コロナの症状が出た場合は、丸 5 日間は自己隔離し、陽性となった日または症状が出た日から 10 日間は他者と接する場合はマスクを着用する

**F:**

- **人道または緊急の理由により CDC から例外規定の適用が認められる方**
- **有効な非移民ビザ(B-1 または B-2 ビザ除く)を所持し、かつ、ワクチン共有に限りがある国の市民**
- **C-1 及び D の非移民ビザを所持する船舶乗務員**

当てはまる方は冒頭の□にチェックを入れ  
□印全て確認しチェックをしてください。

- ① 米国入国 3~5 日後に新型コロナウイルス検査を受ける (過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ② 入国後のウイルス検査の結果が陰性であっても、丸 5 日間は自己隔離する (過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)
- ③ 入国後の検査結果が陽性の場合、または、新型コロナの症状が出た場合は、丸 5 日間は自己隔離し、陽性となった日または症状が出た日から 10 日間は他者と接する場合はマスクを着用する
- ④ (60 日を超えて米国に滞在する予定の場合) 米国到着から 60 日以内または医学的に適切な時期に速やかにワクチン接種を完了するための手配が済んでいる

**G: 米国国益にかなう入国者**

当てはまる方は冒頭の□にチェックを入れ  
□印全て確認しチェックをしてください

- ① 上記 F の①と同じ
- ② 入国後のウイルス検査の結果が陰性であっても、丸 5 日間は自己隔離する (公式な会議等に出席する日を除く/過去 90 日以内に新型コロナウイルスから回復したことを示す書類を提示する場合を除く)

unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days.

- ③  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
- ④  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.

③ 入国後の検査結果が陽性の場合、または、新型コロナウイルスの症状が出た場合は、丸5日間は自己隔離し、陽性となった日または症状が出た日から10日間は他者と接する場合はマスクを着用する  
④ (60日を超えて米国に滞在する予定の場合)米国到着から60日以内または医学的に適切な時期に速やかにワクチン接種を完了するための手配が済んでいる

Print Name  
 Signature  
 \_\_\_\_\_ Date

こちらには全員  
ご署名・記載が必須です

**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 [dgmppolicyoffice@cdc.gov](mailto:dgmppolicyoffice@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.

日にちの記入方  
例: 2022年12月5の場合  
日/月/年の順での記載します  
記載方: 5/12/2022

親や保護者など法定代理人による署名の場合、  
上段: 子の氏名をブロック体で記載 (例: HANA KAIRYO)  
下段: パスポートと同じ子の署名 (例: 海旅 花 海旅 太郎 (父) 代筆)