
CDC Attestation Forms

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Health Attestation Form

Personal Information:

- **Full Name:** [First Name] [Last Name]
- **Date of Birth:** [Month/Day/Year]
- **Contact Information:**
 - **Phone Number:** [Phone Number]
 - **Email Address:** [Email Address]

Travel Information (if applicable):

- **Date of Travel:** [Month/Day/Year]
- **Flight Number/Travel Details:** [Flight/Travel Details]
- **Departure City and Country:** [City, Country]
- **Arrival City and Country:** [City, Country]

Health Declaration:

- I hereby declare that I do **not** have any of the following symptoms related to COVID-19 or other communicable diseases:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Loss of taste or smell
 - Other symptoms as listed by the CDC

- I confirm that within the last 14 days, I have **not** been in close contact with anyone who has tested positive for COVID-19 or is suspected to have COVID-19.
- I affirm that I have **not** tested positive for COVID-19 in the past 10 days or am awaiting the results of a COVID-19 test.

Vaccination Status (optional based on requirements):

- **Vaccination Status:** [Fully vaccinated/Partially vaccinated/Not vaccinated]
- **Type of Vaccine:** [Name of the Vaccine]
- **Date of Last Dose:** [Month/Day/Year]

Certification and Consent:

By signing below, I certify that the information provided is true and accurate to the best of my knowledge. I understand that providing false information may lead to penalties, including but not limited to denial of entry, quarantine measures, or other legal actions as deemed necessary by health authorities or law enforcement.

Signature: _____

Date: [Month/Day/Year]

Official Use Only

[For the administration to fill out if needed, such as verification of documents, additional remarks, or follow-up instructions.]