



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

**해당 사항에 표기와 서명 하신 후
저희 직원에게 제출해 주시기 바랍니다.**

**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 and immigrant ("Covered Individual"), and who is seeking to enter the United States by air Travel. 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, 본인 이름 (영문) (편명 : 7C 편명) am attesting on (Select one):

My own behalf (본인 작성 시 체크) Behalf of (자녀 동반 시 체크) : 자녀 이름 (영문)

A. FULLY VACCINATED (백신 2차 접종 완료 후 14일 경과 시 ○에 체크)

I attest that I am (or the person I am attesting on behalf of is) **fully vaccinated** against COVID-19.

B. NOT FULLY VACCINATED (백신 미접종/미완료자는 □에 체크 후 아래 사유 중 1개 체크)

I attest that I am (or the person I am attesting on behalf of is) **excepted** from the requirement to present **Proof of Being Fully Vaccinated Against COVID-19** based on one of the following (**check only one box, as applicable**):

- Diplomatic and Official Foreign Government Travel (외교 또는 공무 등의 사유)
- Child ages 2 through 17 years** (만 2세 이상 만 17세 이하의 미성년자)
- Participant in certain COVID-19 vaccine trials, as determined by CDC
- Medical contraindication to an accepted COVID-19 vaccine, as determined by CDC
- Humanitarian or emergency exception, as determined by CDC and documented by an official U.S. Government letter
- 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
- 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
- Sea crewmember traveling pursuant to a C-1 and D nonimmigrant visa
- 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

Print Name(성함): 본인 이름 (영문)

Signature(서명): 본인 서명 Date(날짜): 오늘 날짜