



Attestation of Negative COVID-19 Test or Vaccination

Directions: To support the health and safety of our campus community and of the communities through which and to which we travel for university-sponsored activities, all those traveling on university business (whether domestic or international) are expected to get a COVID-19 test within 72 hours of traveling and again with 72 hours of return to campus.

- (1) Travelers who are vaccinated against COVID-19 within 3 months of their departure date are exempt from further COVID-19 testing process as are those who have tested positive within the last 90 days and are not experiencing symptoms. These travelers should check off Item A, sign attestation, and return it to the person indicated on their approved Request to Travel.
(2) Travelers who have not been vaccinated or who have not received a positive COVID-19 test in the last 90 days should:
a. Within 72 hours of departure for the travel, get a COVID-19 test and report results on this form, choosing Item B (if a negative result), sign attestation and return to the person indicated on their approved Request to Travel.
b. Within 72 hours of return to campus, get a COVID-19 test and report results on this form, choosing Item C (if negative results), sign attestation and return to the person indicated on their approved Request to Travel.
c. Should the COVID-19 test result be positive prior to departure or upon return, the traveler should immediately isolate, follow the Employee and Supervisor COVID Protocol or Student COVID Reporting Protocol (covid@coastal.edu), and contact the department sponsoring the travel to cancel arrangements to work to recover expenses paid or committed.

Last Name First Name Department:

CCU ID: CCU Email: @coastal.edu Cell Phone (Available During Travel):

Dates of Travel: Departure: Return:

Destination(s) of Travel (City/ies, State/Countries): TA

Vaccinated against COVID-19 within 3 months of departure? Yes No

Received a positive COVID-19 test within the last 90 days? Yes No

Traveler Attestation

I am submitting this attestation Prior to Departure Within 72 Hours of Return

Check one (1) of the following please, based on whether you are preparing to depart or returning from travel.

Prior to Departure

A. I attest that I am either fully vaccinated against COVID-19 within 3 months of the departure date for this travel program or had a positive COVID-19 test within the last 90 days and therefore am exempt from further testing. I will retain a copy of my vaccination card and/or test and be prepared to provide a copy should it be requested. I am not currently experiencing any symptoms consistent with COVID-19. I understand that if I inaccurately report this information or falsify this information or fail to produce vaccination card or test results to the Office of Human Resources & Equal Opportunity (employees)/Contact Tracing Unit (students) when requested, I may be subject to disciplinary action up to and including dismissal if I am an employee or through the student conduct process if I am a student.

B. I attest that I have had a COVID-19 test within 72 hours of departure for this university-sponsored travel, that I have received the results which indicate a negative test, that I am not currently experiencing symptoms consistent with COVID-19, and that I believe I am clear to travel. I will retain a copy of the test result and be prepared to provide a copy of the test result if requested. I understand that if I inaccurately report the test result or falsify this information or fail to provide test results to the Office of Human Resources & Equal Opportunity (employees)/Contact Tracing Unit (students) when requested, I will be subject to disciplinary action up to and including dismissal if I am an employee or through the student conduct process if I am a student.

Within 72 hours of Return

C. I attest that I have had a COVID-19 test within 72 hours of return from this university-sponsored travel, that I have received the results which indicate a negative test, that I am not currently experiencing symptoms consistent with COVID-19, and that I believe I am clear to return to campus. I understand and will follow all CCU guidelines related to quarantine after travel. I will retain a copy of the test result and be prepared to provide a copy of the test result if requested. I understand that if I inaccurately report the test result or falsify this information, I will be subject to disciplinary action up to and including dismissal if I am an employee or through the student conduct process if I am a student.

I attest that my statement selected above is true, accurate, and complete.

Signature

Date of Submission

Routing: Send to the Party Who Was Indicated on Your Travel Request Approval for Review and Archiving