Carnegie Mellon University
COVID-19 Attestation For Program Participants

Name of Program: _____

Name of Program Participant: _____   Participant Date of Birth: _____

Participant Email Address: _____   Parent Email Address (if applicable): _____

Participant Phone Number: _____   Parent Phone Number (if applicable): _____

COVID-19 Mitigation Requirements:

In accordance with Carnegie Mellon's COVID-19 mitigation policies, **all visitors to the university's campus age 5 and older are required to be <u>either</u> fully vaccinated against COVID-19 or, if not fully vaccinated, must have received a negative COVID-19 test result within three days prior to visiting campus.** For recurring programs, unvaccinated individuals must be retested on a weekly basis, for each week in which the individual participates in the program.

Participants under the age of 5 are encouraged, but not required to be tested.

In addition, all participants in the program must adhere to all COVID-19 mitigation requirements including, but not limited to the use of a facial covering at all times while on campus. The current COVID-19 mitigation requirements for visitors are available at https://www.cmu.edu/coronavirus/visitor-protocol/. The university reserves the right to revise these mitigation requirements, as deemed necessary.

Parents, guardians, and other individuals who visit the Carnegie Mellon campus <u>solely</u> for the purpose of picking-up or dropping-off children are not subject to these vaccination or testing requirements, but must comply with facial covering requirements.

Attestation:

I attest that I (or my minor child, as applicable) have/has been fully vaccinated against COVID-19 or will receive a negative COVID-19 test within 3 days of the start of the program (and weekly negative COVID-19 tests for participation in recurring programs).

I further attest that I have reviewed the COVID-19 mitigation requirements at https://www.cmu.edu/coronavirus/visitor-protocol/ and I agree that that I (or my minor child, as applicable) will comply with these requirements.

Participant Signature: _____   Date: _____

Parent Signature (if applicable): _____   Date: _____

Print Parent Name: _____