



HARVARD
UNIVERSITY

Attestation of Full Vaccination Against COVID-19 Prior to Harvard-Related Travel

I, _____, hereby attest under the penalties of perjury that I was fully vaccinated for COVID-19 with an FDA-authorized vaccine or WHO-authorized vaccine—meaning that two weeks had passed since I received the final dose of the authorized vaccine—by the time of my Harvard-related trip. I received my final dose of vaccine on the following date (mm/dd/yyyy): _____.

I further attest that, if vaccinated outside of Harvard University Health Services (HUHS), I have submitted proof of my vaccination to HUHS (by emailing a copy of my completed vaccination card to mrecords@huhs.harvard.edu). *Note: Individuals who received their vaccine through HUHS do not need to submit a copy of their completed vaccination record, since it is already recorded.*

Signature: _____

Today's Date (mm/dd/yyyy): _____

HOW TO SUBMIT THIS FORM

After completing this form, save a copy for your records and email a copy to your Harvard approver (e.g. academic supervisor, department chair, funder, program sponsor, etc.).

If applicable, include a copy of this completed form with your travel reimbursement request(s).