



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, or will be, fully vaccinated for COVID-19 with an FDA- or WHO-authorized vaccine—meaning that two weeks had passed, or will have passed, since my final dose of the authorized vaccine—by the time of my Harvard-related trip. I received, or will receive, 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, or will submit, proof of my vaccination to HUHS (see [instructions for submitting vaccine documentation](#) on the HUHS website). *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:

- 1. If seeking reimbursement for travel, include a copy with your reimbursement request, OR*
- 2. If awarded a travel grant/fellowship by Harvard or receiving academic credit from Harvard, submit with other required pre-travel documentation (e.g. travel waiver) to your awarding department.*