

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 either fully vaccinated against COVID-19 (including booster dose when eligible) or, if not fully vaccinated, must have received a negative COVID-19 test result within three days prior to arrival on campus.** All campus visitors who wish to participate in programs involving minors on behalf of Carnegie Mellon University must adhere to all COVID-19 mitigation requirements while on campus and comply with vaccination and testing expectations. For recurring programs, unvaccinated individuals must be retested on a weekly basis, for each week in which the individual participates in the program.

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

Information regarding the university’s COVID-19 mitigation requirements for visitors is 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 solely 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: _____