

Comunicato n.4

Al docente Referente del Progetto
"ISIS Valdarno – WSHS
The Students Exchange Online Program"
Prof. Marco Prina

Ai docenti
Prof.ssa Lisa Barberi
Prof.ssa Lucia Bellacci

Alle studentesse e agli studenti
candidati per il viaggio negli USA settembre 2022
Progetto "ISIS Valdarno – WSHS
The Students Exchange Online Program"
e alle loro famiglie
Banchetti Cassandra – 4ABS
Benocci Zeno Andrea – 5ATU
Carusi Leonardo – 4AET
Deraj Arbri – 4AIF
Ferko Marlin – 4AMC
Grifoni Teresa
Tanzi Giovanni Maria
Volpi Giada – 5AIF

p.c. Allo staff di direzione

Oggetto: Progetto West Springfield High School–ISIS Valdarno – Documenti di viaggio

Con la presente si comunica alle SS.VV. che per il viaggio negli Stati Uniti sono **indispensabili** i seguenti documenti:

EMERGENZA COVID-19

Si ricorda alle famiglie delle studentesse e degli studenti nonché a tutto il personale dell'ISIS Valdarno che la loro collaborazione e la loro corresponsabilità nell'organizzazione della scuola è fondamentale affinché, a seguito della pandemia da COVID-19, le iniziative proposte dall'Istituto per garantire uno svolgimento in sicurezza dell'anno scolastico 2021-2022 siano efficaci.

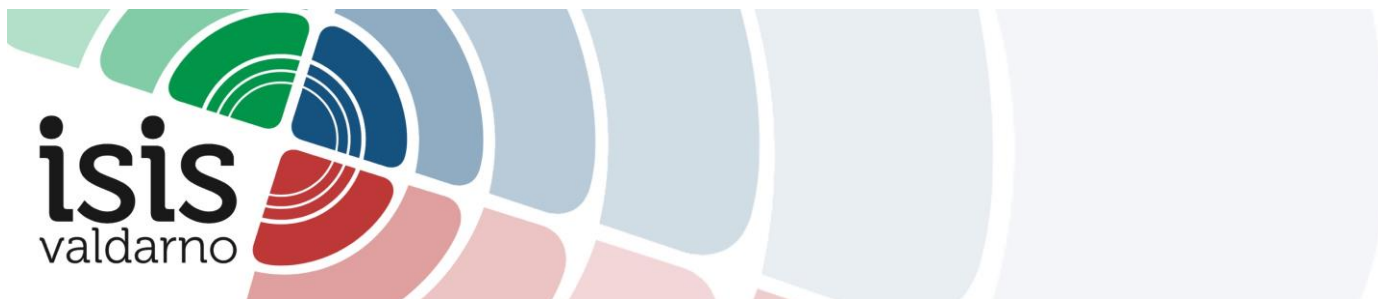
Più in particolare, si ricorda ai genitori o a coloro che esercitano la patria potestà sulle/sui nostre/i studentesse/studenti che devono:

- rispettare rigorosamente le disposizioni normative vigenti in merito al contenimento del Covid-19;
- leggere attentamente e rispettare quanto accettato attraverso la sottoscrizione del Patto Educativo di Corresponsabilità;
- tenersi informati attraverso una consultazione quotidiana del sito web della scuola www.isisvaldarno.edu.it;
- comunicare con gli Uffici di Segreteria tramite i canali informatici per limitare al minimo gli accessi ai locali scolastici.

GRAZIE PER LA COLLABORAZIONE!

Sede legale c/o I.P. via Trieste, 20 • Direzione e Segreteria c/o I.T.T. Viale Gramsci, 77/A 52027 San Giovanni Valdarno (AR)
web www.isisvaldarno.edu.it • tel 055.9122078 • fax 055.942118 • e-mail aris00800q@istruzione.it • pec aris00800q@pec.istruzione.it





- **Passaporto elettronico** in corso di validità.
- **Tessera sanitaria** in corso di validità.
- Copia cartacea dell'**ESTA** - Electronic System for Travel Authorization.
- Copia cartacea del **Libretto vaccinale in doppia lingua (italiano-inglese)** scaricabile dal sito:

<https://fascicolosanitario.regione.toscana.it/>

- Copia cartacea del modulo **"Proof of Covid-19 vaccination for noncitizen nonimmigrants - Passenger disclosure and attestation to the United States of America"** (allegato).

Si richiede alle famiglie di inviare alla Segreteria (aris00800q@istruzione.it), entro martedì 6 settembre 2022, la seguente documentazione:

- Copia del **Libretto vaccinale in lingua inglese;**
- Modulo completo **"Proof of Covid-19 vaccination for noncitizen nonimmigrants - Passenger disclosure and attestation to the United States of America"** (allegato).

Per ulteriori informazioni o in caso di necessità si contatti il Referente del Progetto, Prof. Marco Prina (marco.prina@isisvaldarno.edu.it).

Si coglie l'occasione per porgere distinti saluti.

Il Dirigente scolastico

(Dott. Lorenzo Pierazzi)

Firma digitale ai sensi dell'art. 25 del C.A.D.

**PROOF OF COVID-19 VACCINATION FOR NONCITIZEN NONIMMIGRANTS
PASSENGER DISCLOSURE AND ATTESTATION TO THE UNITED STATES OF AMERICA**

As required by United States federal law, all airlines or other aircraft operators must collect the passenger attestation on behalf of the U.S. Government.

This passenger disclosure and attestation fulfills the requirements of U.S. Centers for Disease Control and Prevention (CDC) Amended Order: *Implementing Presidential Proclamation on Advancing the Safe Resumption of Global Travel During the COVID-19 Pandemic*. As directed by the CDC and the Transportation Security Administration (TSA), through Security Directive 1544-21-03 and Emergency Amendment 1546-21-02, and consistent with CDC's Order implementing the Proclamation, all airline or other aircraft operators must provide the following disclosures to all passengers prior to their boarding a flight from a foreign country to the United States.

The information provided below must be accurate and complete to the best of the individual's knowledge. Under United States federal law, the applicable portion of the attestation must be completed for each passenger ages 2 years or older and the attestation must be provided to the airline or aircraft operator prior to boarding a flight to the United States from a foreign country. Failure to complete and present the applicable portion of the attestation, or submitting false or misleading information, could result in delay of travel, denial of boarding, or denial of boarding on future travel, or put the passenger or other individuals at risk of harm, including serious bodily injury or death. Any passenger who fails to comply with these requirements may be subject to criminal penalties. Willfully providing false or misleading information may lead to criminal fines and imprisonment under, among other provisions, 18 U.S.C. § 1001. Providing this information can help protect you, your friends and family, your communities, and the United States. CDC appreciates your cooperation.

I, _____, am attesting on (Select one):

<input type="checkbox"/> my own behalf	<input type="checkbox"/> behalf of _____
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TO BE COMPLETED BY/FOR EVERY COVERED INDIVIDUAL* 2 YEARS OR OLDER	
<input type="checkbox"/>	<p>A. FULLY VACCINATED COVERED INDIVIDUALS</p> <p>I attest that I am (or the person I am attesting on behalf of is) fully vaccinated against COVID-19. <u>Proceed to signature line and sign the form</u></p>
<input type="checkbox"/>	<p>B. NOT FULLY VACCINATED COVERED INDIVIDUALS</p> <p>I attest that I am (or the person I am attesting on behalf is) excepted from the requirement to present <i>Proof of Being Fully Vaccinated Against COVID-19</i> based on one of the following exceptions and have made arrangements as listed below. <u>Check only one exception as applicable</u></p>
<input type="radio"/>	<p><u>Member of the U.S. Armed Forces or spouse or child (under 18 years of age) of a member of the U.S. Armed Forces</u> (proceed to signature line only and sign the form to complete the Attestation.)</p>
	<p><u>ALL OTHER EXCEPTIONS FOR PART B OF SECTION 2</u> agree:</p> <ul style="list-style-type: none"> <input type="checkbox"/> To be tested with a COVID-19 viral test 3-5 days after arriving in the United States unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days. <input type="checkbox"/> To self-isolate for a full 5 calendar days and properly wear a well-fitting mask any time I am (or this person is) around others during the isolation period and for an additional 5 days after ending isolation, if the result of the post-arrival viral test is positive or if COVID-19 symptoms develop. <input type="checkbox"/> And to <i>all additional arrangements below per selected exception.</i>
<input type="radio"/>	<p><u>Diplomat and Official Foreign Government Travel</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To self-quarantine for a full 5 calendar days, even if the test result of the post-arrival viral test is negative, except during periods when my (or this person's) attendance is required to carry out the purposes of the diplomatic or official foreign government travel (e.g., to attend official meetings or events), unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days.
<input type="radio"/>	<p><u>Child 2 to 17 years of age; or</u></p>
<input type="radio"/>	<p><u>Participant in certain COVID-19 vaccine trials as determined by CDC</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> No further requirements
<input type="radio"/>	<p><u>Medical contraindication to an accepted COVID-19 vaccine as determined by CDC</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To self-quarantine for a full 5 calendar days, even if the test result of the post-arrival viral test is negative, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days.
<input type="radio"/>	<p><u>Humanitarian or emergency exception as determined by CDC and documented by an official U.S. Government letter; or</u></p>
<input type="radio"/>	<p><u>Valid nonimmigrant visa holder (excluding B-1 or B-2 visas) and citizen of a Foreign Country with Limited COVID-19 Vaccine Availability as determined by CDC; or</u></p>
<input type="radio"/>	<p><u>Sea crew member traveling pursuant to a C-1 and D nonimmigrant visa</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To self-quarantine for a full 5 calendar days, even if the test result of the post-arrival viral test is negative, unless I have (or this person has) documentation of having recovered from COVID-19 in the past 90 days. <input type="checkbox"/> To become fully vaccinated against COVID-19 within 60 days of arriving in the United States, or as soon thereafter as is medically appropriate, if intending to stay in the United States for more than 60 days.

○	<p><u>Person whose entry is in the U.S. National Interest as determined by the Secretary of State, the Secretary of Transportation, the Secretary of Homeland Security, or their designees</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> To self-quarantine for a full 5 calendar days, even if the test result of the post-arrival viral test is negative, except during periods when attendance is required to carry out the purposes of the travel for the U.S. national interest (e.g., to attend official meetings or events), unless I/they have documentation of having recovered from COVID-19 in the past 90 days. <input type="checkbox"/> To become fully vaccinated against COVID-19 within 60 days of arriving in the United States, or as soon thereafter as is medically appropriate, if intending to stay in the United States for more than 60 days.
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_____ Print Name

_____ Signature

_____ Date

* This means any passenger covered by the Proclamation and this Order: a noncitizen (other than a U.S. lawful permanent resident or U.S. national) who is a nonimmigrant seeking to enter the United States by air travel. This term does not apply to crew members of airlines or other aircraft operators if such crewmembers and operators adhere to all industry standard protocols for the prevention of COVID-19, as set forth in relevant guidance for crewmember health issued by the CDC or by the Federal Aviation Administration in coordination with the CDC.

OMB Control No.: 0920-1318 Expiration date: 12/31/2022

Privacy Act Statement for Travelers Relating to the Requirement to Provide Proof of a Negative COVID-19 Test Result

The United States Centers for Disease Control and Prevention (CDC) requires airlines and other aircraft operators to collect this information pursuant to 42 C.F.R. §§ 71.20 and 71.31(b), as authorized by 42 U.S.C. § 264. Providing this information is mandatory for all passengers arriving by aircraft into the United States. Failure to provide this information may prevent you from boarding the plane. Additionally, passengers will be required to attest to providing complete and accurate information, and failure to do so may lead to other consequences, including criminal penalties. CDC will use this information to help prevent the introduction, transmission, and spread of communicable diseases by performing contact tracing investigations and notifying exposed individuals and public health authorities; and for health education, treatment, prophylaxis, or other appropriate public health interventions, including the implementation of travel restrictions.

The Privacy Act of 1974, 5 U.S.C. § 552a, governs the collection and use of this information. The information maintained by CDC will be covered by CDC's System of Records No. 09-20-0171, Quarantine- and Traveler-Related Activities, Including Records for Contact Tracing Investigation and Notification under 42 C.F.R. Parts 70 and 71. See 72 Fed. Reg. 70867 (Dec. 13, 2007), as amended by 76 Fed. Reg. 4485 (Jan. 25, 2011) and 83 Fed. Reg. 6591 (Feb. 14, 2018). CDC will only disclose information from the system outside the CDC and the U.S. Department of Health and Human Services as the Privacy Act permits, including in accordance with the routine uses published for this system in the Federal Register, and as authorized by law. Such lawful purposes may include, but are not limited to, sharing identifiable information with state and local public health departments, and other cooperating authorities. CDC and cooperating authorities will retain, use, delete, or otherwise destroy the designated information in accordance with federal law and the System of Records Notice (SORN) set forth above. You may contact the system manager at dgmppolicyoffice@cdc.gov or by mailing Policy Office, Division of Global Migration and Quarantine, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H16-4, Atlanta, GA 30329, if you have questions about CDC's use of your data.