**EXHIBITOR ATTESTATION OF COVID-19 VACCINATION STATUS PRIOR TO ATTENDING ACEP EVENTS**

ACEP strives to provide meaningful member experiences in a responsible manner. As such, ACEP is requiring that attendees be fully vaccinated AND receive a negative COVID-19 test result prior to attending the event.

*(Definition of attendees: Registrants, guests, staff, speakers, exhibitors, and sponsors of the event.)*

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exhibiting Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby attest that:

**CHOOSE ONE**  
  
\_\_\_\_\_\_\_\_\_I am fully vaccinated for COVID-19 with an FDA authorized vaccine. ACEP strongly recommends attendees be “up to date” on all vaccines. An individual is considered “up to date” when you have received all doses in the primary series and all boosters recommended for you, if eligible, of a vaccine that has been authorized by the FDA for use in the United States. For international attendees, this means a vaccine approved by the World Health Organization. My guests, if any, are also up to date on vaccinations for which they are eligible.

\_\_\_\_\_\_\_\_\_I am unable to obtain the vaccine and am requesting a medical exemption. See rules for medical exemptions – [here](https://www.acep.org/globalassets/sites/scientific-assembly/media/general-info-images/covidvaccineexemptionform_22.pdf).

**I hereby further attest that (please initial):**

\_\_\_\_\_\_Within 24 hours prior to receiving my badge at ACEP22, I will self-administer a rapid COVID-19 antigen test. I understand and agree to provide an attestation of negative test result upon my arrival at ACEP22 prior to receiving my badge.

\_\_\_\_\_\_ I have and will comply with the [ACEP Health and Safety protocols](https://www.acep.org/sa/general-information/covid-19-protocols-policies/).

\_\_\_\_\_\_ I have not had a COVID-19 diagnosis in the past 5 days.

\_\_\_\_\_\_ I have not experienced the onset of any one of the primary COVID-19 symptoms in the past 5 days. [hyperlink to primary COVID-19 symptoms]

\_\_\_\_\_\_ I will, if I experience any symptoms associated with COVID-19 during the ACEP event, immediately seek out appropriate medical care.

\_\_\_\_\_\_ I will notify ACEP, and I will not attend any more in person activities during the ACEP event, if I test positive for COVID-19 at any point during the ACEP event.

\_\_\_\_\_\_ I will follow the guidelines for individuals who test positive for COVID-19.

\_\_\_\_\_\_ I will respect others’ comfort levels with respect to social distancing and physical contact.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exhibitors, please return this form to** [**ddates@acep.org**](mailto:ddates@acep.org) **by September 16, 2022.**