

COVID-19 Attestation Form Instructions for NASA Grant and Cooperative Agreement Recipients

This document provides instructions for completing a NASA COVID-19 attestation form by individuals who 1) visit or work on-site at a NASA facility *and* 2) are funded via a NASA grant or cooperative agreement. NASA's current policies regarding COVID-19 attestations for grant and cooperative agreement recipients may be found on the Grants Policy and Compliance Branch [home page](#) under "Alert to NASA Proposers and Grant Recipients About COVID-19."

NASA's COVID-19 attestation form is managed by a third-party vendor, Cority, and it is located [here](#). If the Cority hyperlink in this document does not work, please copy and paste the following URL into a web browser:

<https://nasa.aspc15.medgate.com/gx2test/medicalpublicqrh/login.rails?qcode=ATTEST>

Individuals funded via a NASA grant and cooperative agreement and who will visit or work at a NASA facility shall complete the Cority web form prior to entering a NASA facility per the following instructions:

1. On the landing page for the COVID-19 attestation form, select the radio button for "Guest to NASA site." Do not select "Employee/Contractor."
2. On the "User Info" page, fill out the questions per the instructions below. **Bolded items in this document will be mandatory.** Non-bolded items are optional. The items that require a response show an asterisk in the webform, and the response box is highlighted in yellow.
 - a. **Full name** (Last, First) *: Provide your last name and first name.
 - b. Middle Name: You have the option to provide your middle name.
 - c. **Email address** *: Provide an email address at which you can be reached.
 - d. **NASA Center you are visiting** *: Enter the name of the Center that you are attempting to visit by either typing in the Center's name or clicking on the magnifying glass icon to search for the NASA Center's name.
 - e. **Sponsor or supervisor email address** *: Enter your supervisor's email address. This should be the email address of the supervisor located at the entity that received the NASA grant or cooperative agreement with which you are associated. Do not enter a NASA email address for any NASA sponsor.
 - f. Employer: If you exercise this option, then enter the name of the entity that received the NASA grant or cooperative agreement with which you are associated. Type the recipient entity's name or search by clicking on the magnifying glass icon and select the name. If you cannot find the entity's name using the search function, then select "NASA Grant." Cooperative agreement recipients also shall select "NASA Grant" when they cannot locate an awarded entity's name.
 - g. NASA Employee Type: If you exercise this option, then only enter "Not Otherwise Identified" by either typing it into the relevant field or searching for "Not Otherwise Identified" using the magnifying glass icon. Do not choose any other employee type.

- h. The final field next to “Click NEXT below to see the questionnaire you need to complete” should be pre-populated with the words “Certification of Vaccination (ATTEST).” However, only if this field is not populated, enter “Certification of Vaccination (ATTEST)” by either typing the phrase or searching for it using the magnifying glass icon.
3. After responding to the items on the “User Info” page, click the “Next” button to be taken to the page entitled “**NASA Certification of Vaccination (or “disclosure”).**”
 - a. Please choose from the following check boxes: “I am fully vaccinated.”, “I am not yet fully vaccinated.”, “I have not been vaccinated.”, or “I decline to respond.”
 - b. Respond to the item “**I attest that the information provided in this form is accurate and true to the best of my knowledge.**” The fifth box on the form is mandatory, and the form cannot be submitted without this checked.
 - c. Once the form is complete, click the “Submit” button at the bottom of the page.
 - d. A webpage will appear with a logout button that states: “Your questionnaire has been successfully submitted. Please logout using the “logout” button below.” Please click the button before you navigate or close the Cority webform. If you navigate away or close the browser before clicking the logout button, there is chance your submission will not register, and you may have to fill out the form again at a later date.
 - e. Other than the screen with the logout button, you will not receive a confirmation email that you successfully submitted your form.
4. If your supervisor’s email address has been entered correctly, the supervisor will receive an email that states that you have completed the disclosure form. Your supervisor cannot see how you responded to the form, and they will only be notified that you have completed the NASA form. There may be a lag of 24 hours or more before a supervisor receives the notification that you have completed the form.

Note that as of the date that these instructions were published, mandatory telework is in effect agencywide. On-site work is limited to mission-essential work to protect life and property and approved mission-critical work. Those permitted to return to work on site will be notified. For the latest information on Centers’ and facilities’ operating status, please visit the [NASA Coronavirus Response Information website](#). If you are a NASA grant or cooperative agreement recipient and have questions about the attestation form, please contact the Grant Officer and Technical Officer assigned to your award.

Privacy Act Statement

Authority: We are authorized to collect the information requested on this form pursuant to Executive Order 13991, Protecting the Federal Workforce and Requiring Mask-Wearing (Jan. 20, 2021), Executive Order 12196, Occupational Safety and Health Program for Federal Employees (Feb. 26, 1980), and 5 U.S.C. chapters 11, and 79. **Purpose:** This information is being collected and maintained to promote the safety of Federal buildings and the Federal workforce consistent with the above-referenced authorities, the COVID-19 Workplace Safety: Agency Model Safety Principles established by the Safer Federal Workforce Task Force, and guidance from Centers for Disease Control and Prevention and the Occupational Safety and Health Administration.

Routine Uses: While the information requested on this form is intended to be used primarily for internal purposes, in certain circumstances it may be necessary to disclose this information externally, for example to disclose information to: a Federal, State, or local agency to the extent necessary to comply with laws governing reporting of communicable disease or other laws concerning health and safety in the work environment; to adjudicative bodies (e.g., the Merit System Protection Board), arbitrators, and hearing examiners to the extent necessary to carry out their authorized duties regarding Federal employment; to contractors, grantees, or volunteers as necessary to perform their duties for the Federal Government; to other agencies, courts, and persons as necessary and relevant in the course of litigation, and as necessary and in accordance with requirements for law enforcement; or to a person authorized to act on your behalf.

A complete list of the routine uses can be found in the system of records notice associated with this collection of information, NASA 10HIMS, Health Information Management System, 85 Fed. Reg. 79224 (December 9, 2020). <https://www.govinfo.gov/content/pkg/FR-2020-08-04/pdf/2020-16863.pdf>

Consequence of Failure to Provide Information: Providing this information is voluntary. However, if you fail to provide this information, you will be treated as not fully vaccinated for purposes of implementing safety measures, including with respect to mask wearing, physical distancing, testing, travel, and quarantine.