## Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)\* of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Oversight and Account	ntability				
Subcommittee: Select Subcommit		navirus Pandem	nic		
Hearing Date: 02/15/2024					
Hearing Title :					
"Assessing America's Vaccine	Safety Syste	ms, Part 1"			
Witness Name: Daniel Jernigan			Mari Leady (Clarical)		riuniani se skerate se
Position/Title: Director, National C	enter for Emerg	ing and Zoonot	ic Infectious	s Diseases	
Witness Type: • Governmental	O Non-governi	nental			
Are you representing yourself or a	n organization?	O Self	Orga	nization	*9
If you are representing an organiza	ıtion, please list	what entity or e	ntities you a	are representing	Contract Chair
Centers for Disease and Prev	ention		li e		Liverent
				2 4 2, y	
FOR WITNESSES APPEARING	IN A NON-GOV	/ERNMENTAL	CAPACIT	Γ <b>Y</b>	
Please complete the following field	The state of the s				formation.
Are you a fiduciary—including, bu organization or entity that has an ithe organization(s) or entities.					
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					a maa aa jajady.

## **False Statements Certification**

Knowingly providing material false information to this committee/subcommittee, or knowingly concealing material information from this committee/subcommittee, is a crime (18 U.S.C. § 1001). This form will be made part of the hearing record.

Witness signature

Feb 14,2024

Date