

CERTIFICATE OF COMPLIANCE

TO VERMONT BE SMART, STAY SAFE EXECUTIVE ORDER 01-20

- I certify that:
 - I have not left the State of Vermont for any reason except essential travel in the past 14 days; OR
 - I have completed a self-quarantine in compliance with the Vermont Department of Health's quarantine protocols before arrival to this establishment; OR
 - I am authorized to work in the State of Vermont under the existing State of Emergency.
 - I also certify that I have not had close contact with a person confirmed to have COVID-19 within the last 14-days.
 - I also certify that I do not currently, and have not had in the past 24 hours, any of the following symptoms:
 - A fever above 100.4° F / 38° C, or felt feverish;
 - Chills;
 - Muscle pain;
 - Sore throat;
 - Headache;
 - New loss of taste or smell.
 - I also certify that all persons in my care who are under the age of 18 years or who are dependent on my care meet the criteria described in items 1–3 above. Please provide a list of the names of all persons under 18 or otherwise in your care.
Names:
5. I have read and understand this entire Certificate of Compliance and make the above certifications under the pains and penalties of perjury.

Dated: _____ in _____, Vermont.

PERSON 1

Signature: _____

Printed Name: _____

PERSON 2 (FROM SAME HOUSEHOLD; OPTIONAL)

Signature: _____

Printed Name: _____

HOUSEHOLD CONTACT INFORMATION

Address: _____

Phone: _____

Instruction to lodging accommodation: Keep this form on file for 30 days.