

# CERTIFICATE OF COMPLIANCE

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

Effective  
February 23, 2021

1. I certify that:
  - a. I am traveling for essential purposes as defined by the State of Vermont; OR
  - b. I have not left the state of Vermont for any reason except essential travel in the past 14 days; OR
  - c. I have traveled to Vermont from another state, and I traveled directly from my home in my personal vehicle only after having first completed a 14-day self-quarantine (or a 7-day self-quarantine and followed by the time required to obtain a negative test result) *in that state*; OR
  - d. I have traveled to Vermont from another state, and I will complete a self-quarantine (up to 14 days or a 7-day self-quarantine followed by the time required to obtain a negative test result) in Vermont at a lodging establishment or residence, and I acknowledge that I must stay in my quarantine location for the duration of the quarantine, including the time required to obtain a negative test result; OR
  - e. It has been at least 14 days since my traveling party received the final COVID-19 vaccine dose, and therefore my party is exempt from the quarantine requirements.
2. I also certify that, to my knowledge, I have not had close contact within the past 14 days with a person confirmed to have COVID-19.
3. I also certify that, I am traveling only with members of my household, am staying in a lodging property with only members of my household, and I will not gather with members outside of my household while in Vermont.
4. I also certify that I do not currently have, and have not had in the past 24 hours, any of the following symptoms:
  - Cough;
  - Difficulty breathing;
  - Fever (feeling feverish or have a measured temperature at or above 100.4 °F/38 °C);
  - Chills;
  - Repeated shaking with chills;
  - Muscle or body aches;
  - Headache;
  - Sore throat;
  - New loss of taste or smell;
  - Congestion or runny nose;
  - Nausea or vomiting, diarrhea.
5. I also certify that all persons in my care who are under the age of 18 or who are dependent on my care meet the criteria described in items 1–3 above. I have provided below a list of the names of all such persons in my care:

6. *By way of this form, I have been informed that out-of-state guests are encouraged to register with the Vermont Department of Health's Sara Alert system\* and to provide updates to that system daily.*
7. *I have read and understand this entire Certificate of Compliance and make the above certifications under the pains and penalties of perjury.*

**\* For information related to completing this form, visit: [accd.vermont.gov/coc](https://accd.vermont.gov/coc)**

Dated: \_\_\_\_\_ in \_\_\_\_\_, Vermont.

PERSON 1

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

PERSON 2 (FROM SAME HOUSEHOLD; OPTIONAL)

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

HOUSEHOLD CONTACT INFORMATION

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Instructions to business:** Keep this form on file for 30 days.