

CERTIFICATE OF COMPLIANCE

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

Effective
April 9, 2021

1. I certify that:
 - a. I am traveling for essential purposes as defined by the State of Vermont; OR
 - b. 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 testing requirements; OR
 - c. I have traveled to Vermont from another state, and received a negative COVID-19 test within three days prior to my arrival in the state; OR
 - d. I have not left the state of Vermont for any reason except essential travel in the past 14 days; OR
 - e. I have left the state of Vermont, and upon return to the state received a negative COVID-19 test result within three days of my return; OR
 - f. I have had COVID-19 within the last 3 months, have recovered, and currently have no symptoms.
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 only gather with vaccinated individuals or one additional unvaccinated household at a time 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.*

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.