

CERTIFICATE OF COMPLIANCE

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

1. I certify that:
 - a. I have not left the state of Vermont for any reason except essential travel in the past 14 days; OR
 - b. I have completed a 14-day self-quarantine and have not left the state of Vermont since completing this quarantine; OR
 - c. I have been in a county in NY, RI, MA, ME, NH, or CT with fewer than 400 active COVID-19 cases per million, as set forth on the Vermont Agency of Commerce and Community Development's website*, and I did not travel to Vermont by air or bus, and I have registered with the Vermont Department of Health's Sara Alert system* and will provide updates to that system daily; OR
 - d. I am a critical worker as defined by the State of Vermont.
 2. I also certify that 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 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.
 4. 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. Please provide a list of the names of all such persons in your care.
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5. 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

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.