

## DRAFT FORM

### Certificate of Compliance: Keep Maine Healthy

All guests who wish to stay in any Maine commercial lodging establishment, campground, seasonal rental, or short-term rental are asked to do their part to support Maine's "Keep Maine Healthy" plan. This initiative aims to promote the safety of the people of Maine, including both year-round and seasonal residents, as well as those who visit to enjoy all that Maine has to offer.

**To that end, the State of Maine asks that you review and attest to the following:**

1. I certify that I have not experienced or displayed in the last 24 hours any of the following COVID 19 symptoms:
  - Fever or chills
  - Sore throat, cough, shortness of breath, or other respiratory symptoms
  - Muscle aches, severe fatigue, or chills
  - Changes in taste or smell
2. I certify that I have not had close contact within the last 14 days with anyone who is confirmed to have COVID-19.
3. I certify that ONE of the following is true (*PLEASE CHECK ONE*):
  - I have received a negative test for COVID-19 on a specimen taken no later than 72 hours prior to arrival, consistent with Maine CDC guidance available here;**OR**
  - I will quarantine for 14 days upon arrival in Maine, unless I am either New Hampshire and Vermont;**OR**
  - I have already completed a 14 day quarantine at another location in Maine prior to my stay.
4. While in Maine, I agree to do my part to Keep Maine Healthy by following recommended safety measures in order to protect myself and others.
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 1-2 above. Please provide a list of the names of such persons in your care.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. I have read and understand this entire Certificate of Compliance and agree that the certifications made above are accurate. Visitors may be asked to furnish proof of the negative test result upon request.

Dated: \_\_\_\_\_ in \_\_\_\_\_, Maine.

**Person 1:**

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

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

**Person 2 (From the Same Household):**

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

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

**Household Contact Information:**

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

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

Phone while in Maine: \_\_\_\_\_

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

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