

State of Maine Certificate of Compliance: Keep Maine Healthy

To help “Keep Maine Healthy,” guests of Maine commercial lodging establishments, campgrounds, seasonal rentals, or short-term rentals are required to complete this certificate prior to their stay. Guests under the age of 18, residents of Maine, and residents of states currently exempted (NH & VT) from testing or quarantine requirements (list available at <https://www.maine.gov/covid19/>) **do not need to fill out the Certificate of Compliance.**

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:
 - o Fever or chills
 - o Sore throat, cough, shortness of breath, or other respiratory symptoms
 - o Muscle aches, severe fatigue, or chills
 - o 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):
 - o 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; **OR**
 - o I will quarantine for 14 days upon arrival in Maine or the duration of my stay, unless I am either a resident of ME or other state currently exempt from testing; **OR**
 - o I have already completed a 14 day quarantine at another location in Maine prior to my stay; **OR**
 - o I am an essential worker as defined by the State of Maine.

(Note: Visitors may be tested for COVID-19 in Maine, but remain in quarantine while awaiting the result.)

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.

Signature: _____ Printed Name: _____

Address: _____

Home Phone: _____ Phone while in Maine: _____

Additional Persons from the Same Household (Optional)

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____

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