Keep Maine Healthy - Certificate of Compliance for Maine Visitors

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. Residents of Maine, and residents of states currently exempted from testing or quarantine requirements (list available at https://www.maine.gov/covid19/) do not need to fill out the Certificate of Compliance. **The Maine State CDC recommends that all children older than 12 months receive a COVID-19 test.**

The State of Maine asks you to review and attest to the following:

1. I certify that I have not experienced or displayed any of the following COVID-19 symptoms in the last 24 hours:
   - 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 with anyone over the last 10 days 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 antigen or molecular test result for COVID-19 on a specimen taken no longer than 72 hours prior to my arrival, consistent with Maine CDC guidance,

   OR
   - I am getting a test taken in Maine and will remain in quarantine until I get a negative antigen or molecular test result

   OR
   - I will quarantine for 10 days upon arrival in Maine or for the duration of the stay,

   OR
   - I have completed a 10-day quarantine in Maine prior to my stay,

   OR
   - I had a positive PCR test taken within the last 3 months and already completed my isolation.

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 and 2. Please provide the ages of such persons in your care.

   _____ _____

   _____ _____

6. I have read and understand this entire Certificate of Compliance and agree 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.