Keep Maine Healthy - Certificate of Compliance for Maine Visitors

To help "Keep Maine Healthy," guests of Maine commercial lodging establishments, campgrounds, seasonal rentals, or shortterm 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:
 - 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 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):
 - o 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

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

OR

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

OR

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

OR

Signature:

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

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5. I also certify that all p described in items 1 a	•	no are under the age of the ages of such person		ependent on my ca	are, meet the criteria
6. I have read and under Visitors may be asked		ificate of Compliance he negative test result		tifications made al	pove are accurate.
Dated:	in	, Ma	ine.		
Signature:		Printed Name:			
Address:					
Home Phone:	me Phone: Phone while in Maine				
Additional Persons from th	e Same Household (Op	otional)			
Signature:		Printed Name:			

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

Printed Name: