



**SHELBURNE
MUSEUM**

State of Vermont Certificate of Compliance

In compliance with provisions of Vermont Executive Order 1-20, as amended, pertaining to out of state travel and quarantine obligations, Shelburne Museum requires all guests over age 18 to complete the following certificate prior to entry onto the Museum grounds.

Name: _____

Phone: _____

Address: _____

State: _____ Zip: _____

Email: _____

County of Residence if not a Vermont Resident: _____

1. I certify that (initial one):

___ I have not left the state of Vermont for any reason except essential travel in the past 14 days; **OR**

___ I have been in a county in CT; MA; MD; ME; NH; NJ; NY; OH; PA; RI; VA; Washington, D.C.; or WV with fewer than 400 active COVID-19 cases per million, and I did not travel to Vermont by air, train, or bus; **OR**

___ I have traveled to Vermont from another state, and I traveled directly from my home in my personal vehicle, and I have completed a 14-day self-quarantine or a 7-day self-quarantine followed by a negative test result (provide test date _____) in that state; **OR**

___ I have traveled to Vermont from another state. I arrived in Vermont on _____(date), and I have completed a 14-day self-quarantine or a 7-day self-quarantine followed by a negative test result (provide test date _____) prior to arriving at Shelburne Museum.

2. I certify that, to my knowledge, I have not had close contact within the past 14 days with a person confirmed to have COVID-19.

Continued on the reverse side

3. I also certify that I do not currently, and have not had in the past 24 hours, any of the following symptoms:

- Cough;
- Difficulty breathing;
- Fever (feeling feverish or a measured temperature at or above 100.4°F/38°C);
- Used any medicine that reduces fevers in the last 2 hours;
- Chills or Repeated shaking with chills;
- Muscle pain;
- Headache;
- Sore throat;
- 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 who are visiting the Museum today:

_____	_____
_____	_____
_____	_____
_____	_____

Signature

Date