

COVID-19 CERTIFICATION OF COMPLIANCE

Rutland Regional Medical Center has adopted a stringent visitation policy for the safety of our patients throughout the COVID-19 pandemic. This policy is in compliance with the Executive Orders of the Governor of the State of Vermont and the guidance of state and federal healthcare officials.

I _____, _____, _____ certify that:
(Name) (Address) (Phone)

- Yes No I am a resident of a county in Vermont **or** I am a resident of Washington or Warren counties in NY; **and**
- Yes No I have not traveled outside of Vermont or Washington or Warren NY counties within the last 14 days; **OR**
- Yes No I have traveled and certify that I have completed a 14- day quarantine or a 7- day quarantine followed by a negative COVID test.

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

- Yes, **I certify** that I have not had close contact with a person confirmed to have COVID-19.
 No, **I cannot certify** that I have not had close contact with a person confirmed to have COVID-19.

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 have a measured temperature at or above 100.4°F/38°C);
 - Used a fever reducer (in the past 24 hours, have you used any medicine that reduces fevers?);
 - Chills;
 - Repeated shaking with chills;
 - Muscle pain;
 - Headache;
 - Sore throat;
 - New loss of taste or smell.
- Yes, I certify that I have not had any symptoms in the past 24 hours.
 No, I have had one or more of the symptoms listed in the past 24 hours.

4. By way of this form, I have been informed that out-of-state guests are encouraged to register with the Vermont Department of Health's Sara Alert system* (accd.vermont.gov/coc) and to provide updates to that system daily.

Yes No

5. I have read and understand this entire Certificate of Compliance and make the above certifications under the pains and penalties of perjury.

Yes No

Signature

Date