

# Welcome to JAY PEAK

Thank you for completing the Vermont Be Smart, Stay Safe Certificate of Compliance



**1.** I certify that:

- I am a critical worker as defined by the State of Vermont; OR
- I have not left the state of Vermont for any reason except essential travel in the past 14 days; 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) in that state; OR
- I have traveled to Vermont from another state, and I will complete a 14-day self-quarantine (or a 7-day self-quarantine followed by a negative test result) in Vermont at a lodging establishment or residence, and I acknowledge that I must stay in my location for the duration of the quarantine.

**2.** 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.

**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 have a measured temperature at or above 100.4°F/38°C) | Used a fever reducing medicine in the past 24hrs | Chills | Repeated shaking with chills | Muscle pain | Headache | Sore throat | New loss of taste or smell

**4.** I also certify that the following persons in my family or travel group meet the criteria described in items 1–3 above. Please provide full names and contact number for each person.

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**5.** 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\* and to provide updates to that system daily.

\* For information related to completing this form, visit: [accd.vermont.gov/coc](https://accd.vermont.gov/coc)

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

Signature\_\_\_\_\_

First Name, Last Name\_\_\_\_\_

Date\_\_\_\_\_

Address, City, State, Zip Code\_\_\_\_\_

Phone Number\_\_\_\_\_

Email address\_\_\_\_\_