



STATE OF RHODE ISLAND CERTIFICATE OF COMPLIANCE OUT-OF-STATE TRAVEL QUARANTINE/TESTING REQUIREMENTS

As a result of nationwide COVID-19 transmission, visitors coming to Rhode Island for a non-work-related purpose from a state with a high community spread rate, as set forth on a list maintained by the Rhode Island Department of Health (RIDOH) at <https://health.ri.gov/covid/>, must, upon arrival, either self-quarantine for 14 days or present a negative COVID-19 test according to the options below.

I, _____(full name), arrived in Rhode Island (RI) on _____(date), and have reviewed and attest that (1) I have completed the following form for myself and any persons in my care who are under the age of 18 or who are dependent on my care, and (2) that the certifications I have made are accurate:

I have **not** traveled to RI from a state determined by RIDOH to have a high community spread rate, as listed on <https://health.ri.gov/covid/>, in the last 14 days.

or

I **have** traveled to RI from a state determined by RIDOH to have a high community spread rate, as listed on <https://health.ri.gov/covid/>, in the last 14 days and attest that I have taken one of the following actions to comply with out-of-state traveler quarantine/testing requirements:

I am quarantining for 14 days.

I was tested for COVID-19 in the state I traveled from 72 hours before my arrival in Rhode Island and either:

I have received a negative test result. I understand that I may be asked to furnish proof of the negative test upon request; or

I will remain in quarantine until I receive a negative test result.

I was tested for COVID-19 in Rhode Island upon arrival and either:

I have received a negative test result. I understand that I may be asked to furnish proof of the negative test upon request; or

I will remain in quarantine until I receive a negative test result.

I plan to get a COVID-19 test in Rhode Island and will quarantine until I receive a negative test result. I understand that I may be asked to furnish proof of the negative test upon request.

or

I am a RI resident.

I understand that if I receive a positive COVID-19 test result, from any state, that I must comply with the self-isolation requirements in Executive Order 20-20. Additionally, if I have been in known close contact with a person who has tested positive for COVID-19, I must self-quarantine for 14 days following that contact in accordance with Executive Order 20-20. Individuals who are self-quarantining should complete a self-quarantine questionnaire, available at www.health.ri.gov/oos-covid.

If the above attestation is no longer accurate, I will update this Certificate of Compliance.

Printed Name: _____ Signed : _____

Date: _____ Telephone Number: _____

Address: _____

(Please retain this certificate of compliance for a period of 30 days and provide to RIDOH upon request)