

COVID-19 HEALTH QUESTIONNAIRE AND ATTESTATION

All campers and visitors (except minor children) **MUST** complete this COVID-19 Health Questionnaire and Attestation **PRIOR TO** entering the Campground premises. For the purposes of this Questionnaire and Attestation, the term “COVID-19” is defined to include the disease, health condition, or threat of the same caused by SARS-CoV-2, or a virus mutating therefrom.

1. Have you traveled in the past 14 days either:
 - a. Internationally (outside of the U.S.)? Yes ___ | No ___
 - b. By cruise ship? Yes ___ | No ___
 - c. Domestically (within the U.S.) outside of NH, VT, or ME on public transportation (e.g. bus, train, plane, etc.)? Yes ___ | No ___

2. In the past 14 days, have you displayed symptoms of COVID-19, including, without limitation, fever, chills, cough, shortness of breath, runny nose, nasal congestion, sore throat, severe fatigue, nausea, diarrhea, muscle aches, flu-like symptoms, changes in sense of smell or taste, or other symptoms identified by federal and state guidance.

Yes___ | No___

3. In the past 14 days, have you come into close contact with someone who is suspected or confirmed to have had COVID-19?

Yes___ | No___

4. **For non-New Hampshire Residents.** In the past 14 days, have you self-quarantined as required by New Hampshire guidance by remaining at home and only going out for essential services and outdoor exercise, and when outside of the home maintaining social distance and/or wearing facial coverings/ masks when within 6 feet of another.

Yes___ | No___ | N/A, I am a NH Resident ___

BY SIGNING BELOW, I CERTIFY AND ATTEST THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND ACCURATE TO THE BEST OF KNOWLEDGE, BELIEF, AND ABILITY.

DATE: _____, 2020

[SIGNATURE]

[PRINT]