

Guest Full Name: _____

Cell Phone Number: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

1. In the past two weeks, have you tested positive for COVID-19 or are you currently being monitored for COVID-19?

Yes

No

2. In the past two weeks, have you had contact with someone who tested positive for COVID-19?

Yes

No

3. Do you currently or have you in the past 10 days, experienced the new onset of a fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?

Yes

No

4. I certify that:

I am from Massachusetts; or

I will enter Massachusetts for less than 24 hours; or

I am from another state and will quarantine in Massachusetts for 10 days prior to my visit; or

I will receive COVID-19 tests within 72 hours of arrival and visit only if negative results are received; or

I have recovered from COVID-19 with a positive test more than 10 days ago, but less than 90 days ago, and do not have symptoms; or

I have been fully vaccinated with two doses of the Moderna or Pfizer COVID-19 vaccines or one dose of the Janssen vaccine more than 14 days ago and do not have symptoms

For office use only:

Date & Time of Tour: _____ Tour Guide: _____