

Attestation Form for Massachusetts Travel Order

Please attest in accordance with the Massachusetts Travel Order issued on August 1, 2020, which states that people who have traveled from a high-risk state will need to quarantine for 14 days or have a negative COVID-19 test when arriving in Massachusetts to help prevent the outbreak of COVID-19.

Name of Visitor (Last name, First name): _____

Date: _____

I have traveled from a high-risk state per the Massachusetts Travel Order and have:

Quarantined for 14 days after arriving in Massachusetts

Have proof of a negative COVID-19 test

Have not quarantined for 14 days or do not have proof of a negative COVID-19 test. (Visitor cannot be granted entry.)

Signature of Visitor: _____

Notes:

Staff Signature: _____ Date: _____