



Castleton University

Out of State Visitor COVID-19 Verification Form

Effective 4/9/21

Name: _____

Home Address: _____

When did you arrive in Vermont? (Date) _____

How did you travel to Vermont?

- Private vehicle
- Mass transit (e.g. commercial airplane, train, or bus) Please specify _____
- Other. Please specify _____

Check one:

- I have quarantined for 14 days.
Location of quarantine (city and state) _____
I ended my quarantine on (date) _____
- I have a negative COVID-19 test result within three days prior to my arrival in Vermont.
I arrived in Vermont on (date) _____
I received my negative test results on (date) _____
- I received the final COVID19 vaccine dose at least 14 days ago.

By my signature below, I verify that the above information is accurate.

Signature Date

Witness Signature Date