

MARRIAGE LICENSE

APPOINTMENTS

Please make sure you have the following:

- Original documents (no photocopies accepted)
- COVID Screening form (For in-state and out-of-state residents)
- COVID Compliance form (For out of State residents)

NO EXCEPTIONS

**CHECK OR MONEY ORDER
ONLY**

REOPENING RI

COVID-19 Screening Tool

Recommended tool to screen employees, clients, and/or visitors for symptoms of COVID-19.

SYMPTOMS

HAVE YOU HAD ANY OF THE FOLLOWING SYMPTOMS IN THE PAST THREE DAYS THAT ARE NOT EXPLAINED BY ALLERGIES OR A NON-INFECTIOUS CAUSE?	YES	NO
COUGH		
SHORTNESS OF BREATH OR DIFFICULTY BREATHING		
FEVER OR CHILLS		
MUSCLE OR BODY ACHES		
SORE THROAT		
HEADACHE		
NAUSEA OR VOMITING		
DIARRHEA		
RUNNY NOSE OR STUFFY NOSE		
FATIGUE		
RECENT LOSS OF TASTE OR SMELL		

RISK FACTORS

	YES	NO
Have you been in close contact (less than six feet) with anyone with COVID-19 or symptoms of COVID-19 in the past 14 days? ¹		
Have you traveled anywhere outside the 50 United States in the past 14 days?		
Have you traveled to Rhode Island for a non-work-related purpose from a location with a high community spread rate (see list maintained by the Rhode Island Department of Health (RIDOH) at www.health.ri.gov/covid)? ²		
Have you been directed to quarantine or isolate by the Rhode Island Department of Health or a healthcare provider in the past 14 days? If so, when does/did your quarantine or isolation period end?		
<p>IF YOU HAVE ANSWERED "YES" TO ANY OF THE QUESTIONS ABOVE, AND YOU CANNOT EXPLAIN THESE SYMPTOMS BY KNOWN ALLERGIES OR NON-INFECTIOUS ILLNESSES, THEN YOU CANNOT ENTER THIS BUILDING FOR THE SAFETY OF OTHERS</p> <ul style="list-style-type: none"> • Employees: Please contact your supervisor and your Human Resources representative. • Visitors: Please call to discuss when you can return to this facility. 		

¹ Does not apply to people who come into contact with people with symptoms of COVID-19 during the course of their daily work while wearing full and appropriate personal protective equipment (PPE). See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> for more information.

² Public health, public safety, and healthcare workers are exempt. Does not apply to anyone traveling for medical treatment, to attend funeral or memorial services, to obtain necessities like groceries, gas, or medication, to drop off or pick up children from day care, summer camps, or to anyone who must work on their boats. Does not apply to people who have had a negative COVID-19 test from a specimen taken no more than 72 hours prior to arrival in Rhode Island

07/03/2020





State of Rhode Island Travel Compliance Form

Updated September 10, 2020

In accordance with Governor Raimondo's Executive Orders found at <https://governor.ri.gov/newsroom/orders/>, visitors and Rhode Island residents arriving in Rhode Island for non-work-related purposes 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 quarantine for 14 days unless they have been tested for COVID-19 and the test result was negative. You may be asked to furnish proof of a negative test result upon request. Please complete the following:

I arrived in Rhode Island on _____ (date).

I did not arrive from a state determined by RIDOH to have a high community spread rate and am not required to quarantine or

I did arrive from a state determined by RIDOH to have a high community spread rate and:

I am quarantining for 14 days; or

I plan to get a COVID-19 test in Rhode Island and will quarantine for a period of 14 days or until I receive a negative test result, whichever comes first; or

I was tested for COVID-19 72 hours before my arrival in Rhode Island or after my arrival in Rhode Island and:

My test result was negative; or

I will remain in quarantine for a period of 14 days or until I receive a negative test result; or

My test result was positive, and I will remain in isolation in accordance with Governor Raimondo's Executive Orders or;

My test result was positive, and I remained in isolation in accordance with Governor Raimondo's Executive Orders.

Printed Name: _____ Signed : _____

Date: _____ Telephone Number: _____

Address: _____

Name of Minor or Dependent, if applicable: _____

(Please retain this Travel Compliance Form for 30 days and provide to RIDOH upon request.)