

MOUNTAIN TOP R E S O R T

COVID-19 HEALTH SURVEY DOCUMENT

Per Vermont State Guidelines, please fill out this form for each person in your party.

If possible, please email/text this form to stay@mountaintopinn.com - or fax to 802.483.6373 - 24 hours prior to your arrival at Mountain Top Resort.

If that is not possible, please bring this form(s) with you.

Please review our Covid-19 Protocols document on our website prior to arrival.

**Please Note, Per Vermont State Regulations:
Masks & Social Distancing are Mandatory State-wide.**

1. Have you tested positive for COVID-19? yes no
2. Are you currently experiencing, or recently experienced, any acute respiratory illness symptoms such as fever, cough, or shortness of breath? yes no
3. Have you been in close contact with any persons who has been confirmed positive for Covid-19? yes no
4. Have you been in close contact with any persons who have traveled and are also exhibiting acute respiratory illness symptoms? yes no

Name: _____

Date: _____

Contact Information: _____
