



## North American International Livestock Exposition Out of State Exhibitor Travel Advisory Form

In response to increased rates of COVID-19 transmission in certain states within the United States, the Commonwealth of Kentucky Department for Public Health has issued a travel advisory for individuals who have traveled to states reporting higher numbers of COVID-19. The advisory recommends a 14-day self-quarantine for travelers who traveled to/from states reporting a COVID-19 positive test rate of 15% or greater.

In the last 14 days, have you been in a state that has been designated as having a COVID-19 positive test rate of 15% or greater?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

\_\_\_\_\_ I DON'T KNOW

What is your name?

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

What was your date of arrival to Kentucky? \_\_\_\_\_

Prior to your arrival in Kentucky, did you self-quarantine for a period of 14 days at home, in a hotel, or in other temporary lodging?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

By signing below, you hereby certify that all the information provided above is true and accurate to the best of your knowledge.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_