LINCOLN LABORATORY
MASSACHUSETTS INSTITUTE OF TECHNOLOGY

COVID-19 ON-SITE WORK AGREEMENT AND CONSENT

The health and safety of the Lincoln Laboratory community are our paramount concerns. MIT LL has established a Task Force to address the risks and provide guidance associated with COVID-19. The Task Force has designed and implemented a comprehensive set of preventive and responsive measures, consistent with CDC, OSHA, and State public health regulations and guidelines, to limit the introduction and the spread of the virus within the MIT LL facilities.

While MIT LL has implemented these measures to address the COVID risk, the threat cannot be completely eliminated. As MIT LL ramps up on-site operations necessary to complete its mission, the acknowledgment and consent form below is necessary to confirm that each person understands, and agrees to perform, their individual responsibilities to help mitigate the residual COVID risk across our community.

Please read and submit this form prior to completing the daily health screening questionnaire, which is required for all personnel entering the MIT LL facilities.

To help protect MIT LL and its occupants from COVID related threats, I, _____:
                                                                    PRINTED NAME

1. Will attest whether or not, within the past fourteen (14) days, I have tested positive for COVID-19, and I am aware of having close contact with anyone who has COVID-19 symptoms or has had a positive test for COVID-19.

2. Will stay at home, self-isolate, notify the COVID-19-Health@ll.mit.edu and await further instructions if I, or someone I have had close contact with, exhibits symptoms of COVID-19, or have tested positive for COVID-19.

3. Will cooperate with MIT Medical and EH&S for contact tracing activities, and follow any directions by MIT Medical or public health authorities to quarantine.

4. Will wear a face mask or covering, exercise safe separation practices, wash and sanitize hands often, regularly clean and disinfect high-touch surfaces in my workspace, and follow any other posted precautions.

5. Agree to undertake any viral testing necessary related to COVID-19 diagnostics as directed by MIT Medical.

6. Give permission to MIT LL to take my temperature.

7. Understand that MIT LL will take appropriate measures to ensure the confidential and private nature of any personal health information it gathers. However, I consent that MIT/MIT LL may share this information with necessary MIT employees or city / state / federal public-health officials.

8. Agree to follow instructions from MIT LL employees related to building access and other measures to manage safe separation and help with contact tracing activities.

9. Agree to leave the MIT LL facility if I am asked to do so.

I HAVE READ THIS FORM AND VOLUNTARILY AGREE TO BE BOUND BY IT.

Badge Number: _____   **Signature: _____**   **Date: _____**

For Visitor Use Only

Company Name:	Work Location:	Reason for visit:	☐ Visitor ☐ Sponsor (Military/Government) ☐ Utility/Service/Blue Badge ☐ MIT Medical

For Security Use Only

SSD Representative Name:	Entrance Location:

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Daily COVID-19 Attestation Questionnaire

You must complete this daily questionnaire to gain access to any Lincoln Laboratory facilities.

Printed Name: _____

Are you experiencing any of the following symptoms?

Fever or feeling feverish...	NO YES
Sore throat..	NO YES
New cough (not related to chronic condition)...	NO YES
New nasal congestion or runny nose (not related to seasonal allergies)…	NO YES
Muscle Aches..	NO YES
New loss of smell..	NO YES
Shortness of breath...	NO YES

In the last 14 days, have you been tested for COVID-19 and had a positive result, or have you been told by a healthcare provider that you are likely positive for COVID-19?　　NO YES

In the last 14 days, have you been in close contact with someone actively under isolation due to known COVID-19, or with active symptoms of COVID-19　　NO YES

Do you agree to wear a face covering or mask while engaging in activities on campus?　　YES NO

Do you agree to adhere to all rules and protocols of social distancing while engaging in activities on campus?　　YES NO

Signature: _____　　　**Date:** _____