



VISITOR COVID-19 CONSENT AND ATTESTATION

This consent agreement is to help ensure the health and safety of the MIT LL complex. Completing this form is a requirement for visitor entry. Please read and submit this form prior to entering the MIT LL facility.

Printed Name: _____ **Badge Number:** _____

1. Are you currently experiencing any COVID-19 symptoms?

NO YES

If yes, you are not permitted to enter the MIT LL facility.

2. In the past 10 days, have you tested positive for COVID-19?

NO YES

If yes, you are not permitted to enter the MIT LL facility.

3. In the last 10 days, have you been in close contact with someone who has tested positive for COVID-19?

NO YES

If yes, you are not permitted to enter the MIT LL facility.

4. Do you attest that you are fully vaccinated or have a recent negative COVID-19 test?

NO YES

If yes, please provide:

- proof of vaccination (hard copy or electronic copy), or
- proof of a negative COVID-19 FDA-approved* test taken within 3 days

If you do not meet the above criteria, you are not permitted to enter the MIT LL facility.

5. Do you agree to wear a face covering and practice social distancing while at the Laboratory?

NO YES

If no, you are not permitted to enter the MIT LL facility.

(*FDA-approved = Tests may be either antigen-based or molecular-based diagnostic tests that have been approved by the FDA for screening of SARS-CoV-2)

Signature: _____ **Date:** _____

Company Name: _____

Work Location: _____

Reason for visit: Program Sponsor MIT Medical Utility/Service/Blue Badge Other _____

For Security Use Only

Representative Name: _____

Entrance Location: _____