

VISITOR COVID-19 CONSENT AND ATTESTATION

This consent agreement is to help ensure the health and safety of the MIT LL and visitor population. 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?
If yes, you are not permitted to enter the MIT LL facility.

NO YES

2. In the past 5 days, have you tested positive for COVID-19?
If yes, you are not permitted to enter the MIT LL facility.

NO YES

MIT LL advises that you wear a mask while onsite if you are not fully vaccinated or if you have health concerns.

You **MUST** wear a mask onsite if you are fully vaccinated and were a recent (within 5 days) close contact, or if you are between day 5 and day 10 following a COVID-positive test (regardless of vaccination status).

If you are not fully vaccinated with booster and have been a close contact to a COVID-positive individual in the past 5 days, you are not permitted to enter the MIT LL facility.

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: _____