

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?

☐ NO ☐ YES

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

2. In the past 5 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 past 5 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 (including a booster)?

☐ NO ☐ YES

5. If the answer to Question #4 is no, do you attest to having taken a COVID-19 FDA-authorized* test within one day of your visit and received a negative result?

☐ NO ☐ YES

If yes, please provide:

- Date of test: _____
- Time of test: _____
- Type of test (antigen or molecular): _____
- Brand of test: _____

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

NOTE: For a multi-day visit (three consecutive days or more), a negative test will be required every other day.

6. Do you agree to wear an N95, KN95, surgical mask, or equivalent face covering and practice social distancing while at the Laboratory? Note that cloth face coverings are not acceptable.

☐ 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: _____