



VISITOR COVID-19 CONSENT AND ATTESTATION

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

Printed Name: _____

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 either fully vaccinated, or if not that you agree to wear a face covering or mask while engaging in activities inside the Laboratory buildings?

YES NO

Signature: _____

Date: _____

Company Name:	Work Location:	Reason for visit:	<input type="checkbox"/> Program Sponsor	<input type="checkbox"/> MIT Medical
			<input type="checkbox"/> Utility/Service/Blue Badge	
			<input type="checkbox"/> Other _____	

For Security Use Only

Representative Name:

Entrance Location: