MIT Lincoln Laboratory

COVID-19 (Coronavirus) Visitor Screening Questionnaire

Visitor Name: ________________________________ Date: __________

Company Name: ________________________________

Work Location: ________________________________

Reason for Visit:

☐ Utility, Service or Blue Badges ☐ Visitor

☐ Sponsor (Military/Government) ☐ MIT Medical

To help protect MIT LL and its occupants from COVID related threats while visiting MIT LL facilities, I will:

1. Attest that I do not have COVID-19 symptoms.

2. Attest that within the past 14 days: I have not tested positive for COVID-19, and I am not aware of having close contact with anyone who has COVID-19 symptoms or has tested positive for COVID-19.

3. Wear a face mask or covering, exercise social distancing practices, wash and sanitize hands often, and follow any other posted precautions.

4. Give permission to MIT LL to monitor my health as necessary. MIT LL will take appropriate measures to protect the health information it gathers from unauthorized disclosure.

5. Allow MIT LL to share health results with certain MIT / city / state health officials with a legitimate need to know this information.

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

7. Leave the MIT LL facility if I am asked to do so.

I HAVE READ THIS FORM AND VOLUNTARILY AGREE TO THE ABOVE.

Signature: __________________________________________

(Please return this questionnaire to a Security Services Department representative who will provide you further instructions.)

Thank you for your cooperation.

MIT LL Representative Name and Signature: ________________________________

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