



## 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 facilities.

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: