For Chemical Engineering Department Use Only
Email completed form to **cheme-infrastructure@mit.edu**

Vendor/Visitor Daily COVID-19 Attestation

Date of visit: _____ **Time:** _____

Bldg(s): _____ **Room(s):** _____

Duration of visit: _____

Name: _____

Affiliation / Company: _____

Phone / Text Number: _____ **MIT ID** (if applicable)**:** _____

Are you experiencing any of the following symptoms?	**Yes**	**No**
Fever or feeling feverish	☐	☐
Sore throat	☐	☐
New cough (not related to chronic condition)	☐	☐
New nasal congestion or new runny nose (not related to seasonal allergies)	☐	☐
Muscle aches	☐	☐
New loss of smell	☐	☐
Shortness of breath	☐	☐

Please answer the following questions:	**Yes**	**No**
Have you been tested and had a positive result, or have you been told by a healthcare provider that you are likely positive, for COVID-19?	☐	☐
Within the last 14 days, have you been in close contact with anyone that you know has been diagnosed with COVID-19 or has had COVID-19 related symptoms?	☐	☐
Are you a health care worker who has had contact with a COVID-19 positive individual as part of your work?	☐	☐

Do you agree to wear Personal Protective Equipment (PPE) while engaging in activities on campus?	☐	☐
Do you agree to adhere to all rules and protocols of social / physical distancing while engaging in activities on campus?	☐	☐