



**LTI Essential Visitor/Contractor COVID-19/Coronavirus Disclosure and Approval Form**

The health and well-being of our employees, visitors, families and communities remain Laboratory Testing Inc’s (LTI’s) primary priority as part of the careful strategy to comply with Public Health Agency requirements and customers’ operational continuity expectations in response to the COVID-19 (coronavirus) pandemic. As such, LTI requires all visitors ensure compliance with the visit requirements and restrictions described below and sign as affirmation prior to being considered for entry into our facilities. Also, all visitors must **bring and wear a suitable protective mask** while on premises to cover their mouth and nose, and remain at least 6’ apart when interacting with LTI employees inside LTI facilities. Gloves are also recommended.

**A visit or entry will not be permitted if an applicant/prospective visitor has:**

1. ... a cough, sore throat, cold, chills, body aches, fever above 100°F, shortness of breath, (i.e. unexplained or flu-like symptoms), or has had any such symptoms within the 3 days (72 hours) prior to the visit.
2. ... tested positive for COVID-19, **unless** confirming having met all the CDC criteria for “Discontinuation of Isolation” found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html> and provide a doctor’s note clearing them to exit quarantine/isolation and work around other persons.
3. ... had close contact with a person with confirmed COVID-19 in the previous **14** days.

**Non-essential visits to LTI are not permitted nor feasible at this time. Virtual/Remote meetings or audits are encouraged until the pandemic related restrictions or precautions are officially cleared. We appreciate everyone’s understanding and support. Please contact us if you have any questions or concerns related to the current guidelines for visiting LTI. LTI Tel # (215) 997-9080 or sales@labtesting.com.**

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***On this date, I hereby affirm that I am clear of COVID-19 infection or contact and that the information I provide is true and accurate to the best of my knowledge. I further understand that my access to any LTI facility could be denied or revoked if any of the aforementioned concerns impact me, and that it is my responsibility to cancel and reapply for a visit to LTI if my coronavirus risk status adversely changes after submitting this form. My signature below confirms that I have read, agree, and comply with all the provisions in this document.***

**Completed By – Print Legal Name and Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Company and Location:** \_\_\_\_\_

**Email and Telephone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_

***Persons approved for visit to LTI shall bring a copy of this completed form and record of LTI approval, and initiate their visit at the main lobby of the LTI North Bldg. located at 2331 Topaz Drive, Hatfield, PA 19440.***