

## INSTRUCTIONS FOR RECEPTION

For any non-employee visitors to any location, please complete the following screening steps:

### Visitor Screening Questionnaire

1. Present them with a print out of the attached Visitor Screening Questionnaire
2. State the following:

*Mercury is requiring that all visitors review this questionnaire and confirm whether you can answer yes or no to each question. Please read the questionnaire carefully.*

**Note:** The Visitor Screening Questionnaire should not be signed or collected. Please request their verbal responses only. You do not have to read the form to them.

3. If the visitor answers **Yes** to either question, please politely request that they exit the office and return at a later date when they can answer **No** to both questions. Also please then notify the Facilities contact for your office so that surfaces in the reception area can immediately be disinfected.

### COVID-19 Acknowledgment Form

4. Present them with a print out of the attached COVID-19 Acknowledgment Form
5. State the following:

*Mercury is requiring that all visitors complete this acknowledgment form. Please read the form carefully and sign at the bottom.*

**Note:** The COVID-19 Acknowledgment Form should be signed and collected. Please request that they fill out, sign and date the form. You do not have to read the form to them.

6. Confirm that the visitor signed and dated the form. Keep the completed form in a folder at the front desk.

### Visitor Screening Questionnaire

For the health and safety of our customers, employees and communities, Mercury Systems is requiring all visitors to our locations to answer the following questionnaire:

Question	Yes	No
Have you experienced any of the following within the last two weeks: <ul style="list-style-type: none"> <li>• Fever</li> <li>• Cough</li> <li>• Difficulty Breathing</li> <li>• Unusual Fatigue</li> <li>• Loss of Appetite</li> <li>• Shortness of Breath</li> <li>• Sore Throat</li> <li>• Sputum Production</li> <li>• Body Aches</li> <li>• Body Temperature At or Above 100.4°F / 38°C</li> <li>• Chills</li> <li>• Repeated Shaking with Chills</li> <li>• Muscle Pain</li> <li>• Headache</li> <li>• New Loss of Taste or Smell</li> </ul>		
Have you used public transportation to travel in the past two weeks?  Public transportation includes airplanes, trains, buses, taxis, and any other method of transit where you could be in an enclosed space with persons who are not in your household.		

*Visitors unable to verbally answer **No** to the above questions will not be permitted to enter a Mercury facility until such time as they can do so.*

### COVID-19 Acknowledgment Form

For the health and safety of our customers, employees and communities, Mercury Systems, Inc. (“Mercury”) is requiring all visitors to our locations to confirm that they will abide by social distancing protocols and sanitation measures. By signing below, you confirm the following:

- You will abide by all social distancing and sanitation protocols within or near a Mercury facility. These protocols include:
  - Wearing a cloth face covering, surgical-grade mask or other protective face covering in accordance with recommendations from the Centers for Disease Control and Prevention;
  - Maintaining six feet of distance between you and others, to the extent practicable;
  - Avoiding gatherings of 10 or more persons;
  - Washing your hands regularly;
  - Sneezing or coughing into a tissue or the inside of your elbow; and
  - Abiding by all other social distancing or sanitation protocols that are communicated to you by Mercury or that are established by the Centers for Disease Control and Prevention, any other federal, local or state public health department, or any other applicable government body.
- You acknowledge that the Centers for Disease Control and Prevention and other government bodies have declared COVID-19 to be a global pandemic with widespread ongoing transmission, and that they have encouraged all persons to avoid discretionary travel.
- You agree not to make any claim against Mercury, and you release Mercury from any liability, in the event you contract COVID-19 as a result of your presence at Mercury’s facilities.

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

Name: \_\_\_\_\_

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