



Health and Safety: COVID-19 Compulsory Visitor Attestation

Please read the contents of this attestation carefully for the purposes of protecting the health and safety of yourself and others while visiting one of the entities in the Panavision group (the “Company”).

Background

The Company is committed to ensuring the health and safety of visitors to its premises (including suppliers and clients), as well as its workforce as far as it is able to do so and has implemented a number of measures in light of the COVID-19 pandemic. This visitor attestation is one of the measures that the Company has implemented. Visitors will need to sign this attestation and comply with the policies set out herein in order to be permitted to enter and remain on the Company’s premises.

Policies

In order to visit a Panavision facility, you are expected to:

1. Sign this attestation each time you enter the facility.
2. Bring only essential items with you.
3. Wear a mask at all times during your visit.
4. Sanitize and/or wash your hands (for at least 20 seconds) frequently during your visit.
5. Maintain social distancing of at least 6 feet/2 meters during your visit.
6. Refrain from entering areas of the facility that have been closed to the public.
7. Respect posted maximum occupancy signs.

Attestation

By selecting the ‘I agree’ option of the voting buttons in this correspondence, or signing below, you confirm that you have read and understood the contents of this attestation document. You confirm as follows:

1. You do not have symptoms that provincial or local health authorities recognize as being associated with COVID-19: fever, cough, shortness of breath or difficulty breathing, chills, muscle or body aches, sore throat, fatigue, nasal congestion or runny nose/stuffy nose, nausea or vomiting, diarrhea, decrease or loss of taste or smell, extreme fatigue or not feeling well.
2. You have not tested positive for COVID-19, nor do you have any reason to believe that you would test positive at this time. If you have recently tested positive for COVID-19, but all of the following apply, (1) all the symptoms you had have improved, and (2) it has been at least 5 days since the symptoms first appeared and/or you tested positive, then you may answer this question as “no.”
3. You have not been requested by any government entity or any medical provider to quarantine or self-isolate to prevent against possibly exposing others to COVID-19.
4. You will immediately notify the Company should you experience COVID-19 symptoms while on and you consent to us anonymously disclosing to any public body (only as may be required by applicable law, regulation, or order) and to our staff (or others who may be affected) that someone who may have been infected with COVID-19 has been on our premises and may have been in contact with certain staff (or other affected persons).
5. Any personal information will be treated in accordance with applicable privacy legislation.
6. You have read and understood the COVID-19 policies as listed above and you will comply with such policies while on Company premises.
7. You agree that the Company may require you to leave Company premises immediately should you breach this attestation.

You will leave these premises immediately if you develop any COVID-19 symptoms while on Company premises or you learn you have tested positive for COVID-19.

Date of visit: _____

Time of visit: _____

Name: _____

Cell Phone #: _____

Email address: _____

Company/Production: _____