



### **Health and Safety: COVID-19 Compulsory Visitor Attestation**

Please read the contents of this attestation carefully, along with the description of our policies attached hereto, 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.

#### **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 have not within the last 14 days experienced symptoms that provincial or local health authorities recognize as being associated with COVID-19: fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, fatigue, congestion or runny nose, nausea or vomiting, diarrhea, or new loss of taste or smell.
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 tested positive for COVID-19, but all of the following apply, (1) at least three days have passed with you not having a fever without the use of fever reducing medication, (2) all the symptoms you had have improved, and (3) it has been at least ten days since the symptoms first appeared, then you may answer this question as "no."
3. To your knowledge, you have not within the last 14 days been exposed to other person(s) that have either tested positive for COVID-19 or have the symptoms associated with COVID-19 listed in Item 1, above.
4. 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.
5. You will immediately notify the Company should you experience COVID-19 symptoms while on site or within 14 days after attending the Company's premises, 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).
6. Any personal information will be treated in accordance with applicable privacy legislation.
7. You have read and understood the COVID-19 policies attached hereto and you will comply with such policies while on Company premises.
8. 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 Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Company/Production: \_\_\_\_\_