



GENERATIONS AHEAD IN SONAR & ULTRASONIC TECHNOLOGY

Visitor Screening Request

In light of the COVID-19 (coronavirus) situation, Massa Products Corporation is implementing certain precautionary measures to ensure the health, safety and well-being of our employees and visitors to our facility. Please complete this form in advance of your planned visit.

**The Massa host/sponsor will send this form to wem@massa.com.
Do not submit a VRS request if the visitor(s) answers yes to any questions.**

Date of Visit:	
Visitor Name(s):	
Location:	
Sponsor Name:	

Governor Baker of Massachusetts has listed safe domestic travel only to Hawaii. All other travelers are subject to quarantine and/or being requested to produce a negative C-19 test result.

(For more information, see www.mass.gov and [Massachusetts COVID-19 Travel Order](#).)

All countries, except for the following, are the subject of the first two questions:

American Samoa, Anguilla, Australia, Benin, British Virgin Islands, Brunei, Cambodia, China, Cayman Islands, Cook Islands, Dominica, Falkland Islands, Fiji, Greenland, Grenada, Guernsey, Isle of Man, Ivory Coast, Kiribati, Laos, Macau, Marshall Islands, Micronesia, Montserrat, Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Saba, Saint Helena, Saint Kitts and Nevis, Saint Pierre and Miquelon, Samoa, Sierra Leone, Sint Eustatius, Taiwan, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu, Vietnam

(See <https://wwwnc.cdc.gov/travel/notices> for the updated level 3 and 4 restricted country list.)

Questions	Yes	No
Have you traveled to, through or from a country or state other than those listed above in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, have you been in contact with anyone who has traveled to, through or from any country or state not listed above in the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge, have you been in close contact with anyone who is being evaluated or has been diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
Are you experiencing or have you experienced in the last 14 days any flu-like symptoms (fever, cough, shortness of breath)?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions, you will need to attend the meeting virtually or reschedule.

If you answered "no" to all of the above questions, please return the completed form to your Massa point of contact and bring a copy of the form with you when you come to Massa.

If you begin to experience flu-like symptoms after you submit this form, please arrange with your Massa contact to meet virtually or at a later date. You are under a continuing obligation to notify your contact if your answers to any of the questions change after submitting this form.

***Note:** This form is voluntary; however, if you fail to complete this form you will be denied access to the Massa facility.*