



Visitor Screening Request

In light of the COVID-19 Pandemic, and the ever-changing regulations and advisories. Massa Products Corporation (Massa) is implementing certain precautionary measures to ensure the health, safety, and wellbeing of our employees and visitors at our facility at 280 Lincoln Street, Hingham, MA.

All visitors from out of state are subject to provide proof of vaccination or a negative C-19 PCR test within 72 hours of visit with very few exceptions.

**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):	
Name of Massa Personnel to Visit:	

Choose one of each of the following:	
Type of Business:	<input type="checkbox"/> Government/Defense Industrial Base <input type="checkbox"/> Other
Immunity:	<input type="checkbox"/> Vaccinated <input type="checkbox"/> Immunity thru having C-19 within the last 90 days <input type="checkbox"/> No Proven Immunity
Travel:	<input type="checkbox"/> I am a Massachusetts resident and have not traveled out of state for more than 24 hours <input type="checkbox"/> I have been out of state and have immunity <input type="checkbox"/> I have traveled out of state and have a negative COVID-19 test <input type="checkbox"/> I am from out of state but here for under the 24-hour time limit <input type="checkbox"/> I am here on exempt business (Government/Defense Industrial Base)

Questions	Yes	No
Do you have COVID-19 symptoms and/or have you been told to quarantine or isolate?	<input type="checkbox"/>	<input type="checkbox"/>
If not vaccinated, have you been in contact with anyone that has presented COVID-19 related symptoms or has tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the questions and are not exempt (Government/Defense Industrial Base), 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.

I agree to follow Massa’s COVID-19 related policies while at the Massa facility, and I certify that all of the information I have provided above is correct. I also agree to notify my Massa point of contact should I test positive for COVID-19 anytime up to 5 days after my visit.

Signature

Date

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.