# 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.

<table>
<thead>
<tr>
<th>Date of Visit:</th>
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<tbody>
<tr>
<td>Visitor Name(s):</td>
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<tr>
<td>Name of Massa Personnel to Visit:</td>
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**Choose one of each of the following:**

- **Type of Business:**
  - ☐ Government/Defense Industrial Base
  - ☐ Other

- **Immunity:**
  - ☐ Vaccinated
  - ☐ Immunity thru having C-19 within the last 90 days
  - ☐ No Proven Immunity

- **Travel:**
  - ☐ I am a Massachusetts resident and have not traveled out of state for more than 24 hours
  - ☐ I have been out of state and have immunity
  - ☐ I have traveled out of state and have a negative COVID-19 test
  - ☐ I am from out of state but here for under the 24-hour time limit
  - ☐ I am here on exempt business (Government/Defense Industrial Base)

**Questions**

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Do you have COVID-19 symptoms and/or have you been told to quarantine or isolate?</td>
<td>☐</td>
</tr>
<tr>
<td>If not vaccinated, have you been in contact with anyone that has presented COVID-19 related symptoms or has tested positive for COVID-19?</td>
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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.**

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**Signature**

**Date**

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