



As part of our ongoing goal to keep our team members, their families, customers, suppliers and visitors of Motus safe, we have implemented additional screening when visiting our global facilities.

Effective immediately, all visitors entering Motus facilities are required to complete the Motus Health Screening Form. If any visitor answers YES to any of the questions, the Motus Plant Manager of which you are visiting will deny your access to our facility. The Motus Plant Manager will ask to reschedule the meeting to either a later date or conduct the meeting remotely, if possible.

If you have traveled to any of the following countries within the last 14 days or had close contact with someone diagnosed with CORONAVIRUS/COVID-19, Motus will deny access. The list of locations will change according to the CDC guidelines: As of 3/13/20, here is a list of the affected areas: China, Italy, Europe, Iran, Japan, South Korea, Washington state

Thank you for your patience with these safety measures as we continue to address this outbreak

Visitor's Name:	Mobile Number:
Visitor's Company/Organization:	Name of Motus Host:
Facility Name:	

If the answer is "yes" to any of the following questions, access to the Motus facility will be denied:

Self-Declaration by Visitor	
1	Have you returned from any of the affected areas listed on the Motus affected area list within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you experienced any cold or flu-like symptoms in the last 14 days (to include fever, cough, sore throat, difficulty breathing)? <input type="checkbox"/> Yes <input type="checkbox"/> No
3	Have you been in close contact with anyone who has traveled within the last 14 days to one of the affected areas listed on the Motus affected area list? <input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you had close contact with or cared for someone diagnosed with CORONAVIRUS/COVID-19 within the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature (visitor): _____

Date: _____

Access to facility: Approved Denied