

APPENDIX 1

COVID-19 HEALTH DECLARATION FORM FOR CREW / TALENT / AGENCY / CLIENT ATTENDING SHOOT

As part of our commitment to provide a safe working environment for all on set during the pandemic, we require you to confirm in writing, by signing below, that:

- You have no cause to believe that you have COVID-19 (NHS symptom checker [here](#)).
- You have been meeting the current UK Government COVID-19 guidelines and social distancing when not at work as defined [here](#).
- As far as you are aware, you have not been in close contact with a confirmed case of COVID-19 or anyone who is showing symptoms consistent with COVID-19 within the last 14 days. Furthermore, you have not been contacted under the NHS Track and Trace system and told to self-isolate.
- You have not travelled to, nor to your knowledge had any contact with any individual travelling from any high COVID-19 risk countries (as deemed by [UK FCO](#)) in the 14 days prior to the shoot.
- You have not had a cough, or a temperature of 37.8 degrees centigrade or above in the last 14 days.
- If you develop a cough or a temperature of 37.8 degrees centigrade or above at any point before or during or within 14 days following the shoot you will immediately inform the production company engaging you.
- If you are over 70 years of age or have any pre-existing condition which would put yourself at increased risk of severe illness from COVID-19, as defined by the Government [here](#), you must inform production.
- **If you are medically exempt from wearing a mask, you must notify production and disclose the reason for exemption upon returning this form and ahead of the shoot so production can make reasonable adjustments to ensure a safe working environment.**
- You will notify us immediately should anything change as regards to the above confirmations.
- You have read, understood and agree to abide by the [COVID-19 APA Shooting Guidelines](#).
- For the purposes of GDPR you consent to our sharing and retaining your data to the extent that it is reasonably necessary for the safety of you and everybody on the production.

Please provide us with contact details of spouse / partner / home-dweller in the case of emergency on set:

Name of resident emergency contact:

Mobile of resident emergency contact:

Print your name:

Signed:

Job Title:

Date of birth:

Date:

Your contact details if we need to contact you in event that crew or talent show symptoms of COVID-19 within 14 days of our shoot: