

## COVID-19 HEALTH DECLARATION

Relative to the Coronavirus Disease 2019 (COVID-19) situation, Presidential Proclamation No. 929 was released on March 16, 2020 declaring a State of Calamity throughout the Philippines. In line with the Department of Health Minimum Health Standards, FDCP's Guidelines on Safety Protocols for the Conduct of Film and Audio-Visual Production Shoots to Mitigate COVID-19, and {Name of Production Company} \_\_\_\_\_ commitment to ensure the safety of all our employees, workers, and individuals and a safe filming environment, we need to ask you to truthfully answer the following questions. Depending on your responses, we reserve our right to not engage your services for the current production/s.

Your responses to these questions will only be used for the purpose of:

\_\_\_\_\_  
(Project Title)

**PRIVACY NOTE:** Declarations will be stored safely by the production company and not shared with third parties, except if requested by the Department of Health or other related agencies. Everyone must complete this form or, if they are minors, have the form completed on their behalf.

Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

1. Have you or anyone you immediately know had a confirmed case of COVID-19? YES / NO  
If YES please elaborate, including detailed information around names, dates and level of contact \_\_\_\_\_

2. Have you or anyone you immediately know travelled nationally or internationally in the last month (30 days)? YES / NO  
If YES please elaborate and list travel areas /Countries \_\_\_\_\_

3. Have you been to a country or area of concern for COVID-19 in 2020? YES / NO  
If YES please elaborate \_\_\_\_\_

4. Do you or anyone you know currently have any of the symptoms associated with COVID-19 or similar? YES / NO  
If YES please elaborate \_\_\_\_\_

5. Have you been tested for the COVID-19 virus? YES / NO  
If YES please elaborate including detailed information around dates \_\_\_\_\_

6. Have you worked with / on or within other projects / productions in the last 20 days? YES / NO  
If YES please elaborate & list, including location of work \_\_\_\_\_

7. By signing this document I declare all of the above to be true and correct at the time of signing, and that I do not currently have any of the symptoms associated with the COVID-19 or similar.

I agree to comply with all reasonable requests and measure to ensure I do my part to keep the workplace COVID free.

Please note that if you develop or exhibit any symptoms after signing this document, but prior to or during the shoot you are required to bring those to the immediate attention of the Health & Safety officer, or your Producer.

Please note while being employed, contracted or involved in the { Name Of Production } \_\_\_\_\_ production, you are required to practice good hygiene, including regularly and thoroughly washing and drying hands and practicing good respiratory etiquette.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(And for and on behalf of): \_\_\_\_\_

for minors