

Declaration of Health Form

Artist details

Name of Artist

Age Next Birthday

Production Company

Name of Production

Role

Declaration

I hereby certify that to the best of my knowledge, I am fit and well and capable of fulfilling the role I am contracted for in this production and have not received treatment or been advised to seek treatment for any recurring illness or disorder in the last 45 days.

I hereby direct, authorise and request any physician, medical practitioner, hospital, clinic, laboratory, other medical facility or health care provider, insurance or reinsurance company having information regarding diagnosis, treatment and prognosis of any medical or mental condition to permit the insurer or its duly authorised representative to review and copy all medical reports, x-rays, charts, records and other data which may pertain in any manner to my medical history, physical or mental condition, care and/or treatment. I understand that the medical information obtained will be used by the insurer for underwriting and cast claims settlement purposes. I agree that this authorisation for release of medical information shall be valid until a cast claim relating to the examinee has been settled and closed with the insured. A copy of this form shall be considered as valid as the original and I understand that I may obtain a copy of this authorisation if I so request it.

Signature of Declared Artist/Guardian

Name

Date