

Statement of Health Form

Artist details

Name of Artist	<input type="text"/>		
Date of Birth	<input type="text"/>	Age Next Birthday	<input type="text"/>
Sex	<input type="text"/>	Height	<input type="text"/>
Weight	<input type="text"/>		
Artist's Role	<input type="checkbox"/> Actor	<input type="checkbox"/> Director	<input type="checkbox"/> Other (specify) <input type="text"/>
Name of Production	<input type="text"/>		
Production Company	<input type="text"/>		
How long will you be working on this production? (start date/end date)	<input type="text"/>		

Artist's Statement of Declared Health

(Must be completed by artist shown above)

- Name, address and telephone number of your personal physician (if none, so state)
- When were you last examined?
 - Why?
 - Results

3. To the best of your knowledge are you in good health and free from physical impairment or disease? Yes No
4. Have you, to the best of your knowledge and belief, ever had or been informed you have/had, been treated for, or consulted a doctor regarding any of the following?
- (a) Allergies, anaemia or disorder of the blood? Yes No
 - (b) Any disease, disorder or injury of the bones, joints, muscles, back, spine, or neck? Yes No
 - (c) Any disorder of the skin, lymph glands, immune system, cyst, tumor or cancer? Yes No
 - (d) Any infections or diseases of eyes, ears, nose or throat in the past 5 years? Yes No
 - (e) Cold sores on lips or face in the past 5 years? Yes No
 - (f) Convulsions, paralysis or stroke, fainting attack, severe headaches or disease of the brain or nervous system? Yes No
 - (g) Diabetes, gout or any disease or abnormality of the thyroid or other glands? Yes No
 - (h) Duodenal or gastric ulcer, colitis, or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder or hernia? Yes No
 - (i) High blood pressure, heart attack, pain in chest, or any other disorder of the heart or blood vessels? Yes No
 - (j) Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney or genito-urinary system? Yes No
 - (k) Tuberculosis, asthma, emphysema, persistent cough or any disease or abnormality of the lungs or respiratory system? Yes No
 - (l) In the last year, have you had any significant change (i.e. more than 20 pounds or 10%) of body weight (other than pregnancy)? Yes No
 - (m) Excessive use of alcohol or drugs, use of tobacco in any form? Yes No
 - (n) Used LSD, Heroin, Cocaine or any other narcotic, depressant, stimulant or psychedelic whether or not prescribed by a physician in the last 3 years ? Yes No
 - (o) Been exposed to any infectious or contagious disease in the last 21 days? Yes No
 - (p) At any time within the past five years have you consulted a doctor, been under a doctor's care, had surgical advice or treatment or been confined to a hospital? Yes No
 - (q) Suffer from any phobias or are you aware of any mental health problems that may prevent you from carrying out our scheduled production activities? Yes No
 - (r) Now taking or in the past 30 days taken any medicine or health treatments? Yes No

If YES to any of the above, please provide details including diagnosis, treatment, results, dates of disability, degree of recovery and name and phone number of attending physician

5. To be completed if the artist is a female
(a) Have you had any disorder of menstruation, pregnancy or the female organs or breasts? Yes No

(b) To the best of your knowledge are you now pregnant? Yes No

If YES, How many months?

6. If, under age 9 years, please advise what childhood diseases you have had, and attach a copy of your immunization record

7. Are there any other conditions (medical or otherwise) that might affect your ability to perform your duties on this production? Yes No

If YES, please provide details

8. During the past three years, have you missed any work time as a result of illness or injury while in any film or stage production? Yes No

If YES, please provide details (production title, days missed, cause of absence)

9. Are you now or will you be at any time during the period of production involved in any stunt work or employed on or performing in any other film, stage or other professional engagement? Yes No

If YES, please provide details and dates

10. Are you now or will you at any time during the period of production be involved in any potentially hazardous physical activities? Yes No

If YES, please provide details

11. Has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for any Cast Insurance, Non-Appearance Insurance or Accident, Health or Life Insurance? Yes No

If YES, please provide details

12. Will you participate in any of the following physical activities or sports whilst you are contracted to this production? Yes No

Auto Racing

Ballooning

Gliding/Flying

Motorcycle Racing

Equestrian Activities

Marathons/Triathlons

Skiing

Sky Diving

Scuba Diving

Mountain Climbing

Others please specify

13. Do you have any contractual provisions stating the maximum number of hours per week, per day or days per week to work? Yes No

If YES, please provide indicate

Hours per day

Days per week

Affidavit

I declare that I am the person named above, that the statements made here by me are true, correct and complete, and that I have not withheld information known to me which might alter or otherwise conflict with the statements made by me on this Statement.

I declare that, during the period of this production, I will continue to take any medications or follow any course of treatment currently prescribed to me by my personal physician(s) as indicated on this Statement.

I understand that an insurance policy may be issued and cast claim settlements made based upon the representations and facts stated by me as true. In the event an insurance policy is issued and a cast claim is paid, I understand that the Insurer will hold me fully and personally liable and will seek recoupment from me or my estate if it is determined that the facts stated here are not true, correct or complete or that I withheld information which conflicts with the statements I made. I further agree to co-operate with any cast claim investigation and to be re-examined by the insurer's doctor in the event a cast claim is made.

Declaration

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