CalARTS

SCHOOL OF FILM/VIDEO

COVID PRODUCTION HEALTH QUESTIONNAIRE

The following screening questionnaire is in place to prevent the spread of COVID and reduce the potential risk of exposure during productions. We appreciate your participation to help us take precautionary measures to protect you and everyone throughout your production.

Name: _____ Cast/Crew/Individual Title: _____

Phone Number: _____ Email:_____

- Have you been vaccinated against Covid?

  Yes ____ No ____ Don't want to say ____

- Have you been exposed to COVID in the last 14 days?

  Yes ____ No ____

- Are you experiencing any of the following?

  1. Fever (over 100.4F)
  2. Chills, Cough, Fatigue
  3. Shortness of breath or difficulty breathing
  4. New loss of taste or smell
  5. Sore throat
  6. Nausea or vomiting
  7. Diarrhea

  Yes ____ No ____

All cast and crew must wear a mask in both interior and exterior locations during production. The only exceptions are during eating, drinking or acting.

Signature: _____

Date: _____

Production Title: _____