

STANDARD DAILY COVID-19 HEALTH QUESTIONNAIRE FOR PRODUCTIONS

To be completed by all employers, employees, contractors, visitors and subjects (including producers, cast, background performers, interview subjects, crew, guests, etc.) prior to each workday whether on set, on location, in a production office or in the offices of a production company in Nova Scotia.

Date: _____

Name: _____

Team or Pod if applicable: _____

1. Have you experienced ANY of the listed symptoms of COVID-19 and been advised by 811 to have a test?

Yes _____ No _____

2. Have you travelled outside of Nova Scotia any time in the last 14 days?

Yes _____ No _____

3. Have you been in contact with anyone who has travelled outside of Nova Scotia any time in the last 14 days?

Yes _____ No _____

4. Have you, or anyone you've been in contact with, experienced any COVID-19 symptoms?

Yes _____ No _____

5. Have you ever tested positive for COVID-19?

Yes _____ No _____

6. Have you been in contact with anyone who has contracted the COVID-19 virus?

Yes _____ No _____

I, _____ affirm that all of the above is, to the best of my knowledge, truthful and I agree that I will immediately notify the Producer or their designate (COVID-19 Health and Safety Supervisor/Department Head of any information that would change my answers to these questions.

Signature