

COVID-19 QUESTIONNAIRE

The following simple screening questionnaire is in place to prevent the spread of COVID-19 and reduce the potential risk of exposure to our team. We appreciate your participation to help us take precautionary measures to protect you and everyone throughout our production.

Please complete the attached questionnaire for EACH person.

If the answer is "yes" to any questions (except vaccination status), access to the production set may be denied.

Name: _____

Company/Role: _____

Phone Number: _____

Are you fully vaccinated against COVID-19 (14 days or more since your final dose of either a two-dose or a one-dose vaccine series)?

Yes

No

Within the past 14 days, have you been in close physical contact (6 feet or closer for at least 15 minutes) with a person who is known to have laboratory-confirmed a COVID-19 case or with anyone who has any symptoms consistent with COVID-19?

Yes

No

Have you been, or are you isolating or quarantining because you may have been exposed to a person with COVID-19, are worried that you may be sick with COVID-19, or have been directed to isolate by your public health office?

Yes

No

Are you currently waiting on the results of a COVID-19 test?

Yes

No

Signature: _____

Date: _____