

SHORTLAND STREET – COVID-19 HEALTH DECLARATION

To keep everyone healthy and safe during Level 3, it is crucial that you answer the following questions truthfully. Please circle your answer and sign, then bring this in to work with you on the first day. Call us first if you answer yes to any of these questions.

If you have any concerns about your health, age or any underlying conditions please check with your GP or Healthline before returning to work. Check the Ministry of Health website for up-to-date information: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public#symptoms>

Have you, or anyone you have been in close contact with, had a confirmed case of Covid-19?

YES NO

If yes please give details:

Have you, or anyone you have been in close contact with, had any symptoms of Covid-19? These include:

- a high temperature (at least 38°C)
- shortness of breath.
- sore throat
- sneezing and runny nose
- temporary loss of smell
- a cough

YES NO

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Have you, or anyone you have been in close contact with, travelled nationally or internationally in the last 30 days?

YES NO

If yes please give details and list travel areas / countries

Have you worked on other projects / productions in the last 20 days?

YES NO

If yes please give details including location of work

Date: _____

Name: _____

By signing below, I confirm that: all of the above is true and correct; I do not currently have any symptoms associated with Covid-19 or similar and believe I am healthy and able to work in an environment with other people; and I will comply with the health & safety requirements for working during Level 3.

Signature: _____

(Signed by parent/legal guardian if under 18)

Address: _____

Email: _____

Phone: _____

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