



## Covid-19 Screening Questionnaire

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Booked Session Time: \_\_\_\_\_

Project Title: \_\_\_\_\_

Please answer the following:

1) Are you currently experiencing any of the following symptoms: *Cough, fever, fatigue or tiredness, congestion and/or runny nose, sore throat, headache, and/or loss of taste or smell?*

☐ Yes    ☐ No

2) Are you able to present a copy of a government-issued 'Proof of Vaccination'.

☐ Yes    ☐ No

3) If not, are you able to present a printed record of a 72hr negative RT-PCR test result?

☐ Yes    ☐ No    ☐ N/A

If you are unable to answer pass the above screening questions, you will not be able to continue with your recording session at this time.

PLEASE VACATE Propeller Studios immediately and contact your Production Coordinator to reschedule your session to when you can comply with the above requirements.

If cleared to proceed, please fill in the sign-in sheet and complete your temperature check. You must wash your hands for 20 seconds and/or use hand sanitizer prior to starting your session.

Many thanks for your cooperation.