

Medical Questionnaire

Important Information

The information you provide in this document and through any other documentation, either directly or through your insurance broker, will be relied upon by the insurers to decide whether or not to accept your insurance as proposed and if so, on what terms.

Every question must be answered fully, truthfully and accurately. If space is insufficient for your answer, please use additional sheets, sign and date each one and attach them to this document.

If you do not understand or if you have any questions regarding any matter in this document, including these Important Information, please contact us or your insurance broker before signing the Declaration at the end of this document.

Unless we have confirmed in writing that temporary cover has been arranged, no insurance is in force until the risk proposed has been accepted in writing by us and you have paid or agreed to pay the premium.

Agent of Insurers

Cinesure Global Pty Ltd acts as the agent of the insurer and not as your agent when issuing insurance policies, dealing with or settling any claims. This is an important document, please read it carefully.

Duty of Disclosure

Before You enter into an insurance contract, You have a duty to tell Us of anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary, or reinstate an insurance contract.

You do not need to tell Us anything that:

- reduces the risk We insure You for;
- is of common knowledge;
- We know or should know as an insurer; or
- We waive Your duty to tell us about.

If You do not tell Us something

If You do not tell Us anything You are required to, we may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Privacy

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs. A copy of our Privacy Policy is located on our website at www.sura.com.au.

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us. If you wish to access your file please ask Cinesure Global Pty Ltd.

1. Name of person

2. Address

3. Production title

4. Production company

5. Date and place of birth

/ /

6. Gender

7. Have you ever had, been advised you had, been treated for or consulted a doctor regarding any of the following medical conditions:

- | | | |
|--|---------------------------|--------------------------|
| a) Convulsions, paralysis or stroke, fainting attacks, severe headaches or disease of the brain or nervous system? | <input type="radio"/> Yes | <input type="radio"/> No |
| b) High blood pressure, heart attack, chest pains, or any other disorder of the heart or blood vessels? | <input type="radio"/> Yes | <input type="radio"/> No |
| c) Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system? | <input type="radio"/> Yes | <input type="radio"/> No |
| d) Duodenal or gastric ulcer, colitis or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder, or hernia? | <input type="radio"/> Yes | <input type="radio"/> No |
| e) Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney or genito-urinary system? | <input type="radio"/> Yes | <input type="radio"/> No |
| f) Diabetes, gout or any disease or abnormality of the thyroid or other glands? | <input type="radio"/> Yes | <input type="radio"/> No |
| g) Any disease, disorder of or injury of the bone, joints, muscles, back, spine, or neck? | <input type="radio"/> Yes | <input type="radio"/> No |
| h) Disorder of skin, lymph glands, cyst, tumour or cancer? | <input type="radio"/> Yes | <input type="radio"/> No |
| i) Disorder of eyes, ears, nose or throat? | <input type="radio"/> Yes | <input type="radio"/> No |
| j) Cold sores on lips or face in past five (5) years? | <input type="radio"/> Yes | <input type="radio"/> No |
| k) Allergies, anaemia or other disorder of the blood? | <input type="radio"/> Yes | <input type="radio"/> No |

- l) Any mental health problems, including phobias? ☐ Yes ☐ No
- m) Any eating disorder? ☐ Yes ☐ No
- n) Any significant change in weight (15kg or more) in the past year? ☐ Yes ☐ No
- o) Treatment for or any indication of excessive use of alcohol or drugs? ☐ Yes ☐ No

8. To be completed by female applicant only

- a) To the best of your knowledge are you now pregnant? ☐ Yes ☐ No
- b) Have you had any disorder of menstruation, pregnancy, or of the female organs or breasts? ☐ Yes ☐ No

9. In the past five (5) years have you been under a doctor's care and/or been admitted to a hospital for any physical or mental condition? ☐ Yes ☐ No

10. Have you been exposed to any infection or contagious disease during the last twenty one (21) days? ☐ Yes ☐ No

11. Are there any other conditions, medical or otherwise, that might affect your ability to perform your duties on this production? ☐ Yes ☐ No

12. When did you last receive a complete physical examination?

13. What were the results?

14. Name and address of personal physician

15. Do you have any beliefs that preclude you from taking prescribed medication or treatment? ☐ Yes ☐ No

16. Have you, within the past five (5) years, been disabled as a result of any illness or injury while working in any film or stage production? ☐ Yes ☐ No

If yes, state full particulars, name of production and dates

17. Are you now or will you at any time during the period of production be taking part in any other film, stage or other professional engagement? ☐ Yes ☐ No

If yes, state full particulars, dates, and any hazardous activity or stunts involved

18. Are you currently using or in the last five (5) years have you used:

- a) Prescription or non prescription drugs? ☐ Yes ☐ No
- b) Narcotics, depressants, anti-depressants, stimulants, psychedelic drugs (such as LSD), heroin or cocaine, whether or not prescribed by a physician? ☐ Yes ☐ No
- c) Tobacco? ☐ Yes ☐ No
- d) Alcohol? ☐ Yes ☐ No

If yes, to a), b), c) or d) above, state full details

19. Do you have a family history of heart or kidney disease or diabetes?

☐ Yes ☐ No

If yes, state full particulars

20. Will you be participating in any potentially hazardous activities, stunts or sports in your personal time during pre-production or principal photography of this production, including but not limited to, auto/motorcycle racing, equestrian, gliding/flying/skydiving, mountain climbing, scuba diving, snow or water skiing, or other?

☐ Yes ☐ No

If yes, state full particulars

21. Will you be participating in any potentially hazardous activities, stunts or sports during this production (e.g. running, climbing, weapon work, fight sequences, aerial, underwater, overwater etc.)?

☐ Yes ☐ No

If yes, state full particulars

- 22.** Has any insurance company declined to insure you or imposed special terms in regard to your acceptance for any cast insurance, non appearance insurance, film producers indemnity insurance, accident, health or life insurance?

☐ Yes ☐ No

If yes, state full particulars

- 23.** Will you be travelling outside Australia and New Zealand at any time during the production?

☐ Yes ☐ No

If yes, state full particulars

- 24.** Give titles of your last three (3) films including production company name

- 25.** Are you prepared to submit to medical examination by and to adhere to any reasonable medical treatment which may be prescribed by the insurer's medical advisers?

☐ Yes ☐ No

- 26.** Do you agree that the insurers may obtain a medical report from your regular medical attendant or any other medical adviser whom you have consulted?

☐ Yes ☐ No

Please provide details regarding answers of Yes for Questions 7 through to 23 above

Artiste's Declaration

I declare that the above statements are true to the best of my knowledge and belief and that knowing the purpose for which the declaration is required I have not withheld any material fact and that I am in a fit state of health to fulfill my employment contracted with the Named Insured.

Date

/ /

Signature

Production Company

Production Company Address

Authorisation to Medical Physicians, Hospitals, Insurers & Other Institutions

I the undersigned, hereby direct, authorise and request any physician, practitioner, hospital, laboratory, insurance company or health provider to permit the insurer, production company, insurance intermediary, or their agents to review and copy all medical reports, x-ray, charts, records and other data in your possession or control which pertain in any manner to my medical history, physical condition, care and/or treatment.

You are also authorised to discuss with the insurer, production company, insurance intermediary, or their agents any such medical history, physical condition, care and/or treatment and to furnish them with a written report regarding same. This information is to be used for the purpose of processing, verifying, investigating and/or evaluating my application for insurance, a claim for insurance benefits, responsibility for payment or legal liability.

This authorisation shall be considered valid for twenty four (24) months from its date unless sooner revoked in writing by me. A copy of this authorisation shall be considered as valid as the original and I am entitled to receive a copy of this authorisation if I request.

Date

/ /

Signature of Named Insured and/or Parent/Legal Guardian (if under 18)

Production Company Declaration

I/We have read the Artiste's replies to the Questions on pages 2,3 and 4 of this form and their declaration and I/We do not know any additional information that should have been added.

I/We agree that the Artiste's replies to the Questions on pages 2,3 and 4 of this form and their declaration be the basis of a contract between me/us and the insurers for this Film Producers Indemnity Insurance.

Production Company

Address

Signature

Name

Position/Title

Date

/ /

Medical Report/Physicians Examination

To be completed by medical examiner

1. Artiste name/examinee

2. Height (in centimeters)

3. Weight (in kilograms)

4. What is the rate and character of the pulse?

5. Is there evidence of arterial changes?

6. Are there any signs of nervous disease present?

7. Is albumen and/or sugar present in urine?

8. Blood pressure – if found to be in excess of 140/90 please repeat readings twice with intervals of five (5) minutes between each while artiste is at rest.

Reading	1	2	3	Comments
Systolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diastolic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. If foreign location work involved, what inoculations do you recommend, and have they been administered?

10. Please comment on any special feature revealed by the artiste in his/her medical questionnaire which notes on examination any abnormal findings and recommendations

Medical Report/ Physicians Examination

I have today examined the above named artiste and in my opinion he/she is in sound health and free from disease and is in a fit condition, subject to any qualifications mentioned above, to fulfil his/her production commitments during the following weeks.

Name

Address

Qualifications

Signature

Date