

COVID-19 QUESTIONNAIRE

This is NOT a COVID-19 diagnosis tool. It is a Questionnaire from Dave Moser Photography LLC . The goal of this questionnaire is to determine if your medical signs and symptoms meet the threshold required to enter the worksite. This threshold has been set forth by Dave Moser Photography LLC, the production company, and/or local regulations.

This questionnaire is part of a multi-screening health process which may include follow up questions, a temperature check and visual inspection to rule out certain risks.

Your participation in this form and the aforementioned screening process is mandatory for your presence on set. Falsifying any information on this form or during the screening process is grounds for dismissal without pay.

If you have any concerns or uncertainties with your medical health or the answers you provide DO NOT come to work. Please contact your medical provider and inform your employer.

FULL NAME:

CELL PHONE:

Do you currently have any of the following:

Yes // No

- A temperature of 99.6 or higher / low-grade fever
 - A cough
 - A sore throat
 - Shortness of Breath
 - Nausea and vomiting
 - Diarrhea
-

Are you feeling a different kind of sick today (than the above symptoms)?

Yes // No

Have you tested positive for COVID-19?

Yes // No

Any loss of taste or smell?

Yes // No

In the last 14 days, have or had you been around anyone who has tested positive for COVID-19?

Yes // No

Have or had any unusual muscle pain or chills?

Yes // No



dave MOSER
photography LLC