

**Covid-19 Self-Declaration Questionnaire**

In the interests of your safety and the safety of everyone you come into contact with, their families and the community, Ambanja Films asks that you complete the following self-declaration questionnaire. Your co-operation and support are very much appreciated. Please note you will be requested to not attend the shoot/leave immediately and go home if you answer ‘YES’ to Questions 1, 2 or 3.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| 1. Have you been in close contact with anyone who is confirmed with having Covid-19 virus? |  |  |
| 2. Do you live in the same household with someone who has symptoms of Covid-19 who has been in isolation within the last 14 days? |  |  |
| 3. Do you have any of the following typical Covid-19 symptoms; fever, hightemperature, persistentcoughing, or breathing difficulties / shortness of breath |  |  |
| 4. Have you returned to the UK from another country within the last 14 days? |  |  |
| If ‘**YES**’, where? |

I confirm that I have responded to the questions above truthfully, based on my current condition, and I commit to advising Ambanja Films and excluding myself from all activities should this situation change (ie. if I would answer **Yes** to any of the above questions).

Name:

Date:

Signature:

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