

Music Video Extra COVID-19 Health Declaration

Full Name

Email Address

Phone Number

Date

Health Screening

- ☐ Fever
- ☐ Cough
- ☐ Shortness of breath
- ☐ Loss of taste or smell
- ☐ None of the above

Exposure History

- ☐ Close contact with a confirmed COVID-19 case in the past 14 days
- ☐ Traveled internationally in the past 14 days
- ☐ None of the above

I declare that the above information is accurate and complete. I understand that providing false information may affect my ability to participate in the production.

Signature