

LEVEL 14 / 141 WALKER ST
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059

FILM AND ENTERTAINMENT 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 Notices, 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

SURA Film and Entertainment 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

This Policy is subject to the Insurance Contracts Act 1984 (Act). Under that Act You have a Duty of Disclosure.

Before You take out insurance with Us, You have a duty to tell Us of everything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms. If You are not sure whether something is relevant You should inform Us anyway.

You have the same duty to inform Us of those matters before You renew, extend, vary, or reinstate Your contract of insurance. The duty applies until the Policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to Us or disclosures are made and the Relevant Time, You need to tell Us.

Your duty however does not require disclosure of matters that:

- reduce the risk;
- are common knowledge;
- We know or, in the ordinary course of Our business, ought to know; or
- We have indicated We do not want to know.

If You do not comply with Your duty of disclosure, We may be entitled to:

- reduce Our liability for any claim;
- cancel the contract;
- refuse to pay the claim; or
- avoid the contract from its beginning, if Your non-disclosure was fraudulent.

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.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information 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 mailed to you, please ask us.

If you wish to access your file please ask us.

GENERAL INSURANCE CODE OF PRACTICE

We proudly support the General Insurance Code of Practice (the 'Code'). The purpose of the Code is to raise the standards of practice and service in the general insurance industry.

The objectives of the Code are:

- to promote better, more informed relations between insurers and their customers;
- to improve consumer confidence in the general insurance industry;
- to provide fair and effective mechanisms for the resolution of complaints and disputes between insurers and their customers;
- to commit insurers and the professionals they rely upon to higher standards of customer service; and
- to promote continuous improvement of the general insurance industry through education and training.

For further information on the Code, please visit www.codeofpractice.com.au or alternatively You can request a brochure on the Code from Us.

MEDICAL QUESTIONNAIRE FILM AND TELEVISION PRODUCTION

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? Yes No

b) High blood pressure, heart attack, chest pains, or any other disorder of the heart or blood vessels? Yes No

c) Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system? Yes No

d) Duodenal or gastric ulcer, colitis or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder, or hernia? Yes No

e) Sugar, albumin, blood or pus in urine, kidney stones, or any other disorder of the bladder, kidney or genito-urinary system? Yes No

f) Diabetes, gout or any disease or abnormality of the thyroid or other glands? Yes No

g) Any disease, disorder of or injury of the bone, joints, muscles, back, spine, or neck? Yes No

h) Disorder of skin, lymph glands, cyst, tumour or cancer? Yes No

i) Disorder of eyes, ears, nose or throat? Yes No

j) Cold sores on lips or face in past five (5) years? Yes No

k) Allergies, anaemia or other disorder of the blood? Yes 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 insurers' 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 fulfil my contract.

DATE: _____
SIGNATURE: _____
PRODUCTION COMPANY: _____
PRODUCTION CO. 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 Examinee &/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 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 AND NAME: _____
POSITION / TITLE: _____
DATE: _____

MEDICAL REPORT / PHYSICIANS EXAMINATION

To be completed by medical examiner

1. Artiste Name / Examinee
2. Height (in centimetres)
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				
Diastolic				

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: _____