



Motion Picture & Television Producers Portfolio

Health Questionnaire

Allianz Insurance plc | Commercial

Allianz 

Health Questionnaire

Name

Role: Actor Director Other Specify:

Production Name Production Company

Number of Working Days Start Date Completion Date

You are either being considered for or have agreed to participate in the above production which Allianz Insurance plc has agreed to insure. So we may better evaluate you and our risk, please answer each question below truthfully and carefully and sign the declaration. Please note that nothing within this medical should be construed as granting or providing coverage under any policy.

A Please advise if you, to the best of your knowledge and belief have ever been diagnosed with or treated for anything related to the following conditions. Please answer "yes" or "no" to each question below and provide full details of any "yes" answers on page ?? (identify the number of the question with your answer). PLEASE ANSWER ALL QUESTIONS.:

1. neurological system, including but not limited to convulsions, fainting attacks, paralysis or stroke, severe headaches or disease of the brain or the nervous system; Yes No
2. cardiovascular system, including but not limited to high blood pressure, heart attack, chest pain, irregular rhythm, or disorders the circulatory system; Yes No
3. respiratory system, including but not limited to tuberculosis, asthma, emphysema, chronic bronchitis, persistent cough, or other disorders of the lungs; Yes No
4. gastrointestinal system or digestive tract, including but not limited to ulcer, colitis, or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gall bladder or hernia; Yes No
5. disorders of the urinary tract, including but not limited to sugar, albumin, blood or pus in urine, kidney stones, or any other disorder to the bladder, kidney; or disorders of the genito-urinary system, including but not limited to the reproductive organs or prostate glands;; Yes No
6. endocrine or metabolic system, including but not limited to diabetes, or any disease or abnormality of the thyroid, pituitary or adrenalglands; Yes No
7. muscular-skeletal system, including but not limited to any disease, disorder or injury of the bones, joints (including gout), muscles, back, spine or neck; Yes No
8. skin, lymph glands, cyst, tumor or cancer; Yes No
9. cold sores (if appearing on camera, please list history, medication used and treatment method)
If "Yes", WE WILL PROVIDE YOU WITH THE FOLLOW-UP QUESTIONNAIRE; Yes No
10. eyes, ears, nose or throat; chronic rhinitis, frequent cold or upper respiratory infections, allergies; Yes No
11. hematology, including but not limited to anemia or any other disorder of the blood; Yes No
12. mental health conditions including but not limited to depression, phobias, eating disorders, anxiety attacks, substance or alcohol abuse; Yes No
13. significant weight loss or gain (with or without medical assistance) other than pregnancy in the last twelve months; Yes No

B Please answer all of the questions below in the space provided (or on Page 2):

1. Do you use controlled (prescribed or illegal) substances of any kind: Yes No
2. I smoke cigarettes/cigars per day. I don't smoke.
3. I drink alcoholic drinks per day. I don't drink.
4. Within the last year (up to the present) I have taken or am taking the following prescription medications (name and dosage), whether prescribed to me or not: or None
5. My last complete physical (other than for Cast Insurance) was: or Never Had One

Please state any other Material Fact* here (Note: Please read Important Notice below):



Important

*Material Fact

Material facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose them. If you are in doubt whether a fact is material, you should disclose it, since failure to do so could invalidate your policy, or result in a claim being repudiated. If at any time anything shall occur materially affecting the risk(s) insured you must as soon as possible give notice in writing to us.

Your Records

You should keep a record (including copies of letters) of all information you supply to us/Insurer about this proposal. We will give you a copy of this proposal if you ask within 3 months after you complete it.

Data Protection Act

The data collected is defined under the Data Protection Act as sensitive (such as medical history) for the purpose of evaluating the risk or administering claims which may occur. By signing this form you consent to such information being processed by us. Your details will not be kept for longer than is necessary.

Under the Data Protection Act 1998 individuals are entitled to a copy of all the personal information Allianz Insurance plc holds about them. If you would like a copy of such information, please contact the Compliance Department, Allianz Insurance plc, 57 Ladymead, Guildford, Surrey GU1 1DB

Personal data may be transferred outside of the EEA to other Allianz group companies in the United States of America and/or India.

Declaration

I declare that I am the person named above, that the statements and particulars whether provided by me or by others on my behalf are true and complete and that I have not withheld any material fact* (*see page 3 for definition)

I understand that an insurance policy may be issued to the production company based upon these statements made by me. If a policy is issued and if a claim is paid thereunder, I understand that Allianz Insurance plc will seek recoupment from me or my estate if it is thereafter determined that the statements I made herein are not true, correct and otherwise complete, or that I have withheld information known to me which might alter or otherwise conflict with these statements I have made, in which case Allianz Insurance plc will hold me or my estate personally liable and will seek recoupment from me for such payment.

I further agree to cooperate with any claim investigation and submit to any medical examination or provide a medical examination report at the request of Allianz Insurance plc.

I also declare that during the period of time for which I am participating in the above production, I will continue to take any medications or follow any course of treatment currently prescribed to me.

I authorise Allianz Insurance plc to have access to my medical records for underwriting or claims settlement purposes and to request a medical report from my Doctor. I agree that this authorisation shall be valid for a period of six months, or until any claim is resolved in which I am involved.

I authorise the Insurer to disclose any details contained herein to the Production Company and any of its advisors or agents.

Medical report

You shall be entitled to see the medical report and if you say you wish to see the report, we will tell you when we have applied for it at the same time as we write to your Doctor, and we will tell him you wish to see it. You will then have 21 days to contact the Doctor to make arrangements for you to see the report.

Whether or not you say you wish to see the report before it sent to us, the Doctor must let you see a copy within six months after it is supplied upon request.

I am aware and accept that any fee payable for the completion of such Report is my responsibility. If you ask the Doctor for a copy of the report, he can charge you a reasonable fee to cover this costs.

The Doctor is not obliged to let you see any part of a report, if: a) in his opinion, it would be likely to cause serious harm to your physical or mental health or that of others, or b) such disclosure would be likely to reveal information about another person who has supplied information to the Doctor about you, unless consent has been obtained from such third party; or c) such information is supplied about you by a health professional involved in caring for you. In such cases, the Doctor must notify you and you will be limited to seeing any remaining part of the report.

Signature of Artist	<input type="text"/>	Birth Date	<input type="text"/>	Sex	<input type="text"/>
Height	<input type="text"/>	Weight	<input type="text"/>		
Print Artist Name	<input type="text"/>	Date	<input type="text"/>		
Guardian Signature/Relationship	<input type="text"/>				
Print Name	<input type="text"/>	Date	<input type="text"/>		

www.allianz.co.uk

Allianz Insurance plc. Registered in England number 84638
Registered office. 57 Ladymead, Guildford, Surrey, GU1 1DB, United Kingdom.

Allianz Insurance plc is a member of the Association of British Insurers and the Financial Ombudsman Service.
Allianz Insurance plc is authorised and regulated by the Financial Services Authority. Our registration number is 121849.
This can be checked by visiting the FSA website at www.fsa.gov.uk/register or by contacting the FSA on 0845 606 1234