

Medical Form

Statement of Declared Artist's Health

It is mandatory that the declared artist answers the following questions

Name of Declared Artist	Production Company or BBC Dept.	Production Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Role in this production	Production Location	Weeks on Location	Date of Examination
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Personal Information

Date of Birth	Age	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Health Information

3.1. Have you had any of the following medical conditions:

- Convulsions, paralysis or stroke, fainting attacks, severe headaches or disease of the brain or nervous system?..... Yes No
- High blood pressure, heart attack, pain in chest, angina pectoris, or any other disorder of the heart or blood vessels?.....Yes No
- Tuberculosis, asthma, emphysema, persistent cough or any other disease or abnormality of the lungs or respiratory system?Yes No
- Duodenal or gastric ulcer, colitis or any other disease or abnormality of the stomach, intestines, rectum, liver, pancreas, gallbladder, or hernia?.....Yes No
- Any disease or disorder of the kidney?.....Yes No
- Diabetes, gout or any disease or abnormality of the thyroid or other glands?Yes No
- Any disease, disorder or injury of the bones, joints, muscles, back, spine or neck?.....Yes No
- Disorder of skin, lymph glands, cyst, tumour or cancer?Yes No
- Disorders of the eyes, ears, nose or throat?.....Yes No
- Cold Sores in lips or face in the past five years?Yes No
- Allergies, anaemia or other disorder of the blood ?Yes No
- Any mental health disorder?Yes No

3.2. Have you had any significant change of weight in the past year ?.....Yes No

3.3. Do you suffer from any phobias? Yes No

3.4. Provide more details if you answered "yes" to any question above, state details fully here, i.e. diagnosis, treatment, result, dates of disability, degree of recovery, name and address of attending doctor etc:

3.5. Have you, in the past three years, been disabled as a result of any illness or injury while working in any film or stage production?Yes No

If yes, please state full particulars and dates

3.6. Do you participate in any physical activities, sports, hobbies or pastimes during personal time?

- Auto Racing..... Ballooning.....
- Gliding or Flying..... Motorcycle Riding or Racing.....
- Equestrian Activities Marathons or Triathlons
- Skiing Sky Diving
- Scuba Diving..... Mountain Climbing.....

If yes, please give details

3.7. To the best of your knowledge and belief are you now in good health Yes No

If "NO", give full details

3.8. Are you now or will you at any time during the period of this production be in any other film, state or other professional engagement?..... Yes No

Declaration by Declared Artist

I declare and affirm that I am the person first named above; that the statements made hereon by me are true, and that the information known to me which might alter or otherwise conflict with the statements made by me. In the event that a policy of insurance or similar is issued and a claim is paid pursuant to that to that cover and it is determined later that the facts set forth above are not true, the Insurer or organisation providing cover would seek recoupment from me for such payment and hold me fully liable for same. I further agree to be examined by a doctor, whose identity will be chosen by the Production Insurance Centre, in the event that a claim is made.

If "YES", state full particulars, dates and any hazardous activity or stunts involved

3.9. Has any insurance company declined to insure you or imposed any special terms in regard to your acceptance for any Cast Insurance, Non-Appearance insurance, or Accident, Health or Life Insurance?..... Yes No

If "YES", explain fully

3.10. Are you now (or in the past 30 days) taking any medicine or health treatments? Yes No

If "YES", state full particulars

Signature of Declared Artists

Date

Note: The Declared Artist must also sign the authorization overleaf

Physical Examination

General Appearance

Height	Weight	Skin	Eyes	ENT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CVS	P.	BP.	HS.	RS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trachea	PN.	BS.	GIS	Liver/Spleen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GUS	Kidneys	Urine	M-Sks	Back
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Limbs	Hernia	CNS	Pupils	Reflexes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

Declaration by Physician

I have today examined the above named artist/performer and in my opinion he/she is/is not in sound health and free from disease and is/is not in a fit condition, subject to any qualifications mentioned above, to fulfil his/her production/performance/engagement.

Signature of Physician

Date

Address

Telephone/fax number of Examining Physician

Data Protection Notice

- The information collected on this form is collected by Quartz Insurance Brokers Limited
- Quartz Insurance Brokers Limited and the BBC are data controllers in common in respect to the information collected on this form
- The information collected on this form will be used by the insurers and/or loss adjusters for underwriting and claim settlement purposes, and it will not be used for any other purpose.
- You have a right to obtain a copy of your personal information (for which we may charge a fee) and to have any inaccuracies corrected. You can do this by writing to the BBC Production Insurance Centre.
- Once a decision has been made in relation to production insurance cover, Quartz will send to the Production details of any insurance cover exclusions relating to you.
- The BBC will only use this information for production insurance purposes and not for any other purpose.
- The BBC is committed to safeguarding your personal information and will ensure that it is stored and processed in accordance with the Data Protection Act 1998 and such other relevant legislation as may be enacted. Your information will only be disclosed to people who have a genuine business need or legal right to see it.
- Your information will be retained only for as long as there is a legitimate business need to do so, after which date it will be securely destroyed.

Authorization, To Physicians Or Practitioners, Hospitals, Insurance Companies Or Other Institutions

I, the undersigned, hereby direct, authorize and request any physician, practitioner, hospital, laboratory, insurance company, or health care provider to permit the insurer, or its duly authorized representative, to review and copy all medical reports, x-rays, charts, records and other data in your possession or control which pertain to my medical history, physical condition, care and/or treatment. Where such information is required an insurer for underwriting or claim purposes.

You are also authorized to discuss with the Insurers 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 provided 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 authorization shall be considered valid for thirty months from its date unless sooner revoked in writing by me.

A copy of this authorization shall be considered as valid as the original and I am entitled to receive a copy of this authorization if requested.

Signature of Declared Artists

Date

Full Name

Signature of parent or guardian (If Insured person is under 16 years of age)

ONCE COMPLETED PLEASE SEND THE FORM TO FORMS@QUARTZIB.COM

For Insurance use only

_____ Accepted

_____ Accepted for accident only

_____ Rejected

_____ Accepted subject to the following:

RESTRICTIONS:

Privacy Notice

Quartz Insurance Brokers Ltd ("Quartz") respects your privacy and is committed to protecting your personal data. This privacy notice aims to give you information on how we collect and use your personal data about you during and after your relationship with us, in accordance with data protection law. The BBC will process your personal information in accordance with its BBC People Privacy Notice. If you have any queries regarding the processing of your personal information by the BBC, please contact your manager or key contact at the BBC.

The information collected on this form is collected by Quartz for use in underwriting the production insurance for a specific production.

Quartz and the BBC are separate controllers (in common) in respect to the information collected on this form. Quartz will collect and process the personal information that you have provided to us about yourself. This personal information is your name, address, and contact details, as well as any other information you provided in the form.

Quartz will also collect and process certain special categories of more sensitive personal information that you provide. This information includes details of medical history. We will only ask you to provide such information where we have a lawful basis to do so which is necessary in order to underwrite, secure production insurance coverage and for claims settlement purposes.

The personal information and special categories of information that you provide will be processed by the insurers and/or loss adjusters for the purposes of underwriting and claim settlement and it will not be used for any other purpose.

The legal basis on which Quartz processes your personal information is based on Quartz's legitimate interests in the

provision of production insurance.

Once a decision has been made in relation to production insurance cover, usually within 3 days of receipt of all information, Quartz will send to the Production details of any insurance cover amendments relating to you so that the Production can plan to how to manage any cover amendments confirmed by Quartz

The BBC and Quartz will only use this information for production insurance purposes and not for any other purpose.

Your information will be retained only for as long as it is required for the purpose of underwriting or making a claim on a production, after which date it will be securely destroyed.

You have a right to obtain a copy of your personal information. You can do this by writing to the BBC Production Insurance Centre. You will not have to pay a fee to access your personal data. However, we may charge a reasonable fee if your request is clearly unfounded, repetitive or excessive. Alternatively, we may refuse to comply with your request in these circumstances.

You also have a right to ask Quartz to rectify, delete your personal data, and to restrict its use. You also have the right to object to the processing of your data by Quartz.

For full details on how your information will be protected, please contact **matthew.torrible@quartzib.com**. You have the right to make a complaint at any time to the Information Commissioner's Office (ICO), the UK supervisory authority for data protection issues (**www.ico.org.uk**). Quartz would, however, appreciate the chance to deal with your concerns before you approach the ICO so please contact **matthew.torrible@quartzib.com** in the first instance.