



Truman Van Dyke  
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 Since 1953

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## Artist Cold Sore Questionnaire

<b>Name of Artist:</b>			
<b>Production Title:</b>			
1.	<b>Do you currently have a cold sore?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<b>When did the last cold sore occur?</b>		
3.	<b>How often do you get cold sores?</b>		
4.	<b>How long do they last?</b>		
5.	<b>What usually causes them?</b>	<input type="checkbox"/> Exposure to sun <input type="checkbox"/> Stress <input type="checkbox"/> Cold <input type="checkbox"/> Other ( <i>Describe</i> ):	
6.	<b>Name of medication used (if any):</b>		
	<b>Name of prescribing physician:</b>		<b>Phone #:</b>
7.	<b>When is the medication used?</b>	<input type="checkbox"/> At onset of sore <input type="checkbox"/> Prior to and during filming as a Preventive measure <input type="checkbox"/> Not taking any medication <input type="checkbox"/> Other	
8.	<b>Role description and activities:</b>	<input type="checkbox"/> Principal Character <input type="checkbox"/> Kissing <input type="checkbox"/> Hugging	
9.	<b>Artist's start date:</b>	<b>End Date:</b>	<b>Day out of days:</b>
10.	<b>How would the unexpected appearance of clearly visible cold sores affect your ability to perform the scheduled activities?</b>		
11.	<b>Please give description of shoot around possibilities:</b>		

If indicated above, I confirm that I am currently taking

\_\_\_\_\_ (Medication)

which was prescribed by a licensed physician as follows:

\_\_\_\_\_ (Dosage & frequency prescribed)

I will continue to use this medication as prescribed for the duration of the above referenced production titled "\_\_\_\_\_". I further understand that a policy of insurance may be issued based on

my representation above. In the event a claim is paid relating to the above and it is determined later that the above representation was not followed, the Insurer may seek recoupment from me for such payment and hold me fully liable for same.

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**Signature of Artist**

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**Dated**