

Request for modified quarantine for film productions

Production company: Date of request: dd.mm.yyyy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020

Date of production in Iceland: dd.mm.yyyy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020 to \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020

**Please provide an outline of the production, including production site(s), dates of use of each location, housing arrangements, grouping of production members if applicable (see instructions), and site organization plans (hygiene facilities especially) in attachment to allow the chief epidemiologist the opportunity to register quarantine sites, assess compliance with the instructions for productions in Iceland during COVID-19 and to modify the instructions if unanticipated situations arise for a specific production.**

Any member of crew or cast who has traveled to Iceland from a [risk area](https://www.landlaeknir.is/um-embaettid/greinar/grein/item39194/Skilgreind-ahaettusvaedi---Defined-high-risk-areas) less than 14 days prior to start of production will need to be in quarantine until 14 days after arrival in Iceland.

Number of members (crew and cast) in quarantine during the production: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of members (crew and cast) not in quarantine during the production:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please use the appropriate forms attached to list all members in and out of quarantine who will be on site for part or all of the production in Iceland.**

* **The list of members requiring quarantine is used to register quarantine and label it as workplace quarantine prior to arrival to avoid fines for violations of quarantine for members of the production at work. It is also needed for contact tracing purposes should an outbreak occur during production.**
* **The list of members not in quarantine is required for contact tracing purposes should an outbreak occur during production. This list is also used to ensure that non-quarantined members receive the instructions for productions in Iceland during COVID-19 to avoid inadvertent violations of the rules for quarantine due to ignorance of the non-quarantined members.**

This application and any supporting documents should be emailed to svl@landlaeknir.is.

Afgreiðsla sóttvarnalæknis: (decision of chief epidemiologist) Undirskrift sóttvarnalæknis: (signature)

Hafnað/rejected\_\_\_\_\_\_\_\_\_ Samþykkt/approved\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of production in quarantine for part or all of the production period:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of birth (dd.mm.yyyy) or kennitala if applicable | Name (first then last) | Country of permanent residence or nationality | Country/-ies visited during the 14 days prior to arrival in Iceland | Date of arrival in Iceland dd.mm.yyyy | Date of departure from Iceland dd.mm.yyyy | Accommodation during production (off site or on site /private or shared room) | Address of accommodation during production (street, number, apt., postal code, town; name of hotel if applicable) | Production group |
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Members of production **not** in quarantine for any part of the production period:

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| --- | --- | --- | --- | --- | --- |
| Date of birth/kennitala | Name(first then last) | Permanent residence(country or address in Iceland) | Production group | Accommodation during production (home, on site private, on site shared) | Email address and/or phone number |
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