

ON-SITE MANUAL TO PREVENT COVID-19 INFECTION AND SPREAD

The purpose of this checklist is to prevent the infection and spread of COVID-19, and to detect early symptoms and assist in epidemiological investigation in the event of a confirmed case at the production site. You are required to fill out the form and keep it for your own record. The form will only be requested and submitted in the event of an epidemiological investigation. Please fill it out honestly.

* Please fill out this form every morning and list the activities/events that took place on an hourly basis from the day prior.

* Korean Film Council will make the relevant announcement when a program to fill out this form online and through mobile devices becomes available.

TODAY Month Date Day

 \Box Do you have any of the following symptoms? (\bigcirc / \times)

Fever(37.5°C) or feeling feverish	Cough	Sore throat	Difficulty in breathing

□ Please list the activities/events that happened yesterday(<u>Month/ Date</u>) in detail.

(You can list them in advance.)

Time	Event	Place	Individuals Who Were Present With You



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