

# Animated Street Star & Superstar Parade Performers

## POST EMPLOYMENT MEDICAL QUESTIONNAIRE

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Team Member ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

*Universal Orlando requires a Post Employment Medical Questionnaire for all Animated Street Star performers and/or in specific roles for Universal's Superstar Parade. This requirement is for the benefit of you, our Team Member, to ensure your health and safety while performing at Universal Orlando. A "Yes" response does not necessarily indicate disqualification or exclusion from the position, as reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of the role. Indicate your response by circling "Yes" or "No" for each question. Please be sure to answer all of the questions. Failure to respond to a specific question will be considered a "No" response.*

**Please explain all "Yes" answers. More space is available on page 3.**

1. Have you **ever** had any physical problems or pain complaints in the following:

- |             |        |       |
|-------------|--------|-------|
| • Neck      | Yes___ | No___ |
| • Low Back  | Yes___ | No___ |
| • Mid Back  | Yes___ | No___ |
| • Knees     | Yes___ | No___ |
| • Shoulders | Yes___ | No___ |

If you answered "Yes" to any question above, please explain **all** instances:

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2. Have you **ever** been treated by any Healthcare Professional for a medical condition or injury to your:

- |             |        |       |
|-------------|--------|-------|
| • Neck      | Yes___ | No___ |
| • Low Back  | Yes___ | No___ |
| • Mid Back  | Yes___ | No___ |
| • Knees     | Yes___ | No___ |
| • Shoulders | Yes___ | No___ |

If you answered "Yes" to any of the above, provide reason for treatment, the name of the Healthcare Provider you treated with and dates of treatment for **all** instances:

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3. Do you have **any** medical condition or physical limitation which restricts your ability to:

- Walk or stand (Continuously, for up to 1 hour at a time) Yes \_\_\_ No \_\_\_
- Lift or carry (Continuously, 25 lbs for 1 hour at a time) Yes \_\_\_ No \_\_\_
- Bend or Squat (Repetitively, up to one hour at a time) Yes \_\_\_ No \_\_\_
- Work outdoors in the heat Yes \_\_\_ No \_\_\_
- Work outdoors in the cold Yes \_\_\_ No \_\_\_
- Carry 40 lbs on your shoulders (Up to one hour at a time) Yes \_\_\_ No \_\_\_

If you answered "Yes" to any questions above, please explain **all** instances:

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4. Do you have **any** other medical conditions that could potentially affect your ability to perform in the role of an *Animated Character*, including:

- Cardiovascular (heart, arteries and veins) disorders Yes \_\_\_ No \_\_\_
- Visual disorders Yes \_\_\_ No \_\_\_
- Epileptic disorders Yes \_\_\_ No \_\_\_
- Balance disorders Yes \_\_\_ No \_\_\_
- Diabetes or blood sugar problems Yes \_\_\_ No \_\_\_
- Skin disorders or allergies to latex, fabrics, or fur Yes \_\_\_ No \_\_\_
- Neurological (brain and nerve) disorders Yes \_\_\_ No \_\_\_
- Fear of confined or enclosed spaces or heights Yes \_\_\_ No \_\_\_
- Respiratory (lung or breathing) disorders Yes \_\_\_ No \_\_\_
- Sensitivity to stimulus (strobe lights, loud noise, fog effects) Yes \_\_\_ No \_\_\_

If you answered "Yes" to any questions above, please explain **all** instances:

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5. Do you fully understand all of the above questions? Yes \_\_\_ No \_\_\_

If "No", please indicate which questions you do not understand:

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**\*\*\*\*DO NOT SIGN FORM UNTIL INSTRUCTED TO DO SO\*\*\*\***

*I HEREBY CERTIFY THAT THE ABOVE INFORMATION SUBMITTED BY ME IS TRUE AND CORRECT. THE ABOVE QUESTIONS HAVE BEEN REVIEWED WITH ME BY A MEDICAL PROFESSIONAL AND I UNDERSTAND ALL OF THE QUESTIONS THAT I HAVE ANSWERED. I UNDERSTAND THAT KNOWINGLY PROVIDING FALSE OR MISLEADING ANSWERS TO THESE QUESTIONS WILL AFFECT MY ENTITLEMENT TO BENEFITS UNDER WORKER'S COMPENSATION AND WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.*

**The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.**

Explain all "Yes" answers below (Continued from pages 1 & 2):

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\_\_\_\_\_  
Team Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Reviewer

\_\_\_\_\_  
Date

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