



HEALTH DECLARATION FORM / COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enrol in a diver training program or to participate in any diving activity. If you are a minor, you must have this statement signed by your parent or guardian.

DIVER MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Please answer the following questions with a YES or NO. If you are not sure, answer YES. A positive response means that there may be a preexisting condition that could affect your safety while diving. If any of these items apply to you, we must request that you consult with a physician, preferably a specialist in diving medicine, prior to participating in diving activities.

Within the 40 days immediately preceding the date of this Health Declaration Form, have you:

1. TESTED POSITIVE OR PRESUMPTIVELY POSITIVE WITH COVID-19 (THE NEW CORONAVIRUS OR- SARS-COV2) OR BEEN IDENTIFIED AS A POTENTIAL CARRIER OF THE CORONAVIRUS?
 YES NO
2. EXPERIENCED ANY SYMPTOMS COMMONLY ASSOCIATED WITH COVID-19 (FEVER; COUGH; FATIGUE OR MUSCLE PAIN; DIFFICULTY BREATHING; SORE THROAT; LUNG INFECTIONS; HEADACHE; LOSS OF TASTE; OR DIARRHEA)?
 YES NO
3. BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNISED HEALTH OR REGULATORY AUTHORITY?
 YES NO
4. BEEN IN DIRECT CONTACT WITH OR IN THE IMMEDIATE VICINITY OF ANY PERSON WHO TESTED POSITIVE WITH THE NEW CORONAVIRUS OR WHO WAS DIAGNOSED AS POSSIBLY BEING INFECTED BY THE NEW CORONAVIRUS?
 YES NO

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions.

I also commit to inform instructor / dive centre name about any symptom that may arise after having filed in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature

ADDITIONAL DECLARATIONS / COVID-19

- I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by instructor / dive centre name, and will take all reasonable preventive steps that may be recommended by instructor / dive centre name, or any relevant public authority.
- I WILL accept and observe all instructions by instructor / dive centre name intended to abide by all existing regulations, required to help prevent the risk of transmission, including having my temperature taken prior to participating in any diving activities.
- I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to instructor / dive centre name to retain this declaration and disclose it to any relevant authority or service provider for the purposes of ensuring the safety of any third parties that may come in contact with me prior to, during, and after any diving activity.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature