



## DIVER MEDICAL QUESTIONNAIRE – COVID-19

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Should you have any existing conditions that could compromise your fitness to dive, you will need to consult with a diving medical specialist. A positive response means that there may be a pre-existing condition that may affect your safety while diving. Please answer the following questions with a YES or NO. If you are not sure, answer YES. If any of these statements apply to you, we must request that you consult with a physician, preferably a Diving Medicine Specialist 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 DIARRHOEA)?  
 YES     NO
3. BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNIZED 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.

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ADDITIONAL DECLARATIONS

- I WILL, if asked, wear a protective mask at all times while participating in the diving training / survey activities arranged by Honor Frost Foundation and will take all reasonable preventive steps that may be recommended by Honor Frost Foundation and/or any relevant public authority.
- I WILL accept and observe all instructions given by Honor Frost Foundation 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 Honor Frost Foundation to retain this Declaration and to 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_