



HEALTH DECLARATION FORM/COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enroll 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. 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, you must 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:

- 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
- 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
- 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 Blue Planet LLC about any symptom that may arrive after having filled 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 Blue Planet LLC, and will take all reasonable preventive steps that may be recommended by Staff of Blue Planet LLC, or any relevant public authority.

I WILL accept and observe all instructions by Staff of Blue Planet LLC & intend 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 Blue Planet LLC 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 _____



PLEASE NOTE

COVID-19 shares many of the same symptoms as other serious viral pneumonias that require a period of **convalescence** before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

MEDICAL RECOMMENDATIONS (2, 3):

- Divers who have tested positive for COVID-19 but have remained completely asymptomatic, should wait **ONE** month before resuming diving.
- Divers who have had symptomatic COVID-19, should wait at least **THREE** months before applying for fit-to-dive clearance conducted by a medical professional.
- Divers who have been hospitalized with or because of pulmonary symptoms in relation to COVID-19, should wait at least **THREE** months before applying for fit-to-dive clearance conducted by a medical professional, with complete pulmonary function testing and an exercise test with peripheral oxygen saturation measurement as well as a high resolution CT scan of the lungs.
- Divers who have been hospitalized with or because of cardiac problems in relation to COVID-19, should wait at least **THREE** months before applying for fit-to-dive clearance conducted by a medical professional that includes a cardiac evaluation, including echocardiography and an exercise test (exercise electrocardiography).

REFERENCES

- (1) [Return to Diving Post COVID-19](#) - Issued by the Undersea and Hyperbaric Medical Society (UHMS) in the USA.
- (2) [Diving after COVID-19 pulmonary infection](#). A position statement of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).
- (3) [Recreational and professional diving after the Coronavirus disease \(COVID-19\) outbreak](#) - Position statement of EUBS & ECHM

The Form has been developed by the DAN Europe Medical Division team, based on information available as of May 2020. The epidemiological situation is constantly evolving. As a result, this document may be subject to changes and updates. Updated by Blue Planet DC in June 2020.