

COVID-19 Health Declaration

HEALTH DECLARATION FORM - COVID-19 *

Read this statement prior to signing it. You must complete this Medical Statement to participate in any Wet Rocks Diving diving event. If you are a minor, you must have this Statement signed by a parent or guardian.

DIVER MEDICAL QUESTIONNAIRE *

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in diving activities. A positive response means that there is a preexisting 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 items apply to you, we must request that you consult with a physician prior to participating in diving activities. Within the 40 days immediately preceding the date of your dive training and completion of this Health Declaration Form, have you:

1. Tested positive or presumptively positive with the COVID-19 virus ("Coronavirus") or been identified as a potential carrier of the Coronavirus?:

Write yes or no for above question: _____

2. Experienced any symptoms commonly associated with the Coronavirus (fever; cough; tiredness or muscle pain; difficulty breathing; sore throat; lung infections; headache; loss of taste; diarrhea)?:

Write yes or no for above question: _____

3. Are you currently in violation of quarantine requirements by a recognized health or regulatory authority?:

Write yes or no for above question: _____

4. Been in direct contact with or in the immediate vicinity of any person who tested positive with the Coronavirus or has been identified as a potential carrier of the Coronavirus?:

Write yes or no for above question: _____

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

BY ENTERING MY NAME BELOW I ACKNOWLEDGE MY ACCEPTANCE OF THIS AGREEMENT

Printed Name of Participant: _____

Signature of Participant: _____

Date: _____

Statement of Understanding

Please Read This Entire Document And Enter Your Initials In The Space Provided Beside Each Statement To Indicate Your Agreement. ALL FIELDS ARE REQUIRED.

_____ I WILL, if asked, wear a protective mask at all times while participating in **Wet Rocks Diving** arranged activities or activities arranged by **Meredith Tanguay, Max Frankel, or other staff**, and will take all reasonable precautionary measures as recommended by **Meredith Tanguay, Max Frankel, or other staff** by GUE COVID-19 protocols, and/or any relevant public authority.

_____ I WILL consent to having my temperature taken by a **Wet Rocks Diving representative** prior to participating in any diving activities.

_____ I ACKNOWLEDGE and ACCEPT that this Declaration will be considered as my consent to **Wet Rocks Diving** to store this Declaration and disclose it with any relevant authority or service provider for the purposes of ensuring the safety and security of any third parties that may come in contact with me prior to, during, and after any diving activity.

_____ I ACKNOWLEDGE and ACCEPT that I have read and am familiar with [GUE COVID-19 Rules of Conduct](#) (I ACKNOWLEDGE this link has been provided in advance) and have been freely allowed to clarify any points of doubt.

_____ Within the 40 days immediately preceding my diving activity, I AFFIRM that I have NOT tested positive or presumptively positive with the COVID-19 virus ("Coronavirus") nor been identified as a potential carrier of the Coronavirus.

_____ Within the 40 days immediately preceding my diving activity, I DECLARE that I have NOT experienced any symptoms commonly associated with the Coronavirus (fever; cough; tiredness or muscle pain; difficulty breathing; sore throat; lung infections; headache; loss of taste; diarrhea).

_____ Within the 40 days immediately preceding my diving activity, I DECLARE that I have NOT been in direct contact with nor in the immediate vicinity of any person who tested positive with the Coronavirus or has been identified as a potential carrier of the Coronavirus.

_____ I ACKNOWLEDGE that COVID-19 shares many of the same features as other serious viral cases of pneumonia that require a period of a convalescence before returning to full activities. This process can take weeks or months depending on symptom severity.

Medical recommendations (2):

- Divers who have had symptomatic COVID-19 should wait a minimum of TWO months, preferably three, before resuming their diving activity.
- Divers who have tested positive with COVID-19 but have remained completely asymptomatic should wait ONE month before resuming diving.
- Divers and dive centers should strictly observe the guidelines for the disinfection of diving gear (as issued by the diving Federations and DAN Europe).
- Divers who have been hospitalized with or because of pulmonary symptoms in relation to COVID-19 should, after the three-month waiting period (as indicated above), undergo complete pulmonary function testing as well as a cardiac evaluation with echocardiography and exercise test (exercise electrocardiography) to ascertain normal *cardiac* function.

References:

1. [Return to Diving Post COVID-19](#) by UHMS (I ACKNOWLEDGE this link has been provided in advance.)
2. [Diving after COVID-19 pulmonary infection](#). Position of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG). (I ACKNOWLEDGE this link has been provided in advance.)

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold GUE liable for the actions, inactions or negligence of **Meredith Tanguay, Max Frankel, Wet Rocks Diving** and/or the instructors, guides, and other affiliated personnel associated with the activity.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS DOCUMENT AND ACKNOWLEDGMENT AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS AND HEREBY AGREE TO BE BOUND BY IT.

Printed Name of Participant: _____

Signature of Participant: _____

Date: _____