

# **HEALTH DECLARATION FORM / COVID-19**

Alex Adventures Cozumel

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 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:

1TESTED POSITIVE OR PRESUMPTIV OR BEEN IDENTIFIED AS A POTENTIA	•	IEW CORONAVIRUS OR SARS-COV2)	
YES NO	ie er inner er i i i eener i vinces.		
2EXPERIENCED ANY SYMPTOMS CO MUSCLE PAIN, DIFFICULTY BREATH DIARRHEA)?	MMONLY ASSOCIATED WITH COVIDING, SORE THROAT, LUNG INFECTION	,	
YESNO  3BEEN IN ANY LOCATION/SITE DEC  NEW CORONAVIRUS BY A RECOGNIS  YES NO	LARED AS HAZARDOUS WITH AND/OF SED HEALTH OR REGULATORY AUTHO		
4BEEN IN DIRECT CONTACT WITH (	OR IN THE IMMEDIATE VICINITY OF A R WHO WAS DIAGNOSED AS POSSII		
The information I have provided about Accept responsibility for any omissions also commit to inform Alex Adven Having filled in this declaration and/or signing the declaration.	in disclosing my existing or past heal tures Cozumelabout any sympto	th conditions. om that may arrive after	
Full name	Signature	Date	
Guardian´s full name	Guardian´s signature	Date	

## **ADDITIONAL DECLARATION / COVID-19**

 _ I will If asked,	wear a protective	ve mask at all time	s while participa	ating in the divi	ng training / activitie	S		
arranged by	Alex Advent	ures Cozumel	and will take	all reasonable	preventive steps tha	t		
may be recom	nmended by	Alex Adventur	es Cozumel	or any rele	vant public authority	·-		
 _ I will accept an	d observe all insti	ructions by	Alex Adventure	es Cozumel	intended to abide			
by all existing regulations, required to help prevent the risk of transmission, including having my								
temperature ta	aken prior to parti	icipating in any div	ing activities.					
 _ I acknowledge	and accept that t	his declaration will	be considered	as my consent	to <u>Alex</u>			
Adventures Cozumel 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 prior								
to, during and after any diving activity.								
Full nam	е	Signatuı	·e		Date			
Guardian's f	ull name	Guardian	´s Signature		Date			

## PLEASE NOTE

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

#### MEDICAL RECOMMENDATIONS

- ° Divers who have had symptomatic COVID-19, should wait a minimum of TWO months, preferable THREE, Before resuming their diving activities.
- ONE month before resuming diving.
- <sup>o</sup> Divers who have been hospitalized with pulmonary symptoms related to COVID-19, should, after a three Months waiting period, undergo complete pulmonary function testing as well as a cardiac evaluation with Echocardiography and exercise test (exercise electrocardiography) to ascertain normal cardiac function prior to their return to diving.