



Standard Safe Diving Practices Statement of Understanding

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, a parent or guardian must also sign this form.

I, _____, understand that as a diver I should:
(Participant's name)

1. Maintain good mental and physical fitness for diving. I will avoid being under the influence of alcohol or dangerous drugs when diving. I will keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity.
2. Remain attentive to the diving orientation that will be provided by my divemaster. If diving conditions are worse than those in which I am experienced, I will immediately notify my divemaster. I will engage only in diving activities consistent with my training and experience. I will listen carefully to dive briefings and directions given by the divemaster, and I will follow the advice and directions of my divemaster.
3. Use complete, well-maintained, reliable equipment with which I am familiar. I will inspect it for the correct fit and to determine that the equipment functions properly prior to each dive. I will adhere to the dive profile described to me by my divemaster before each dive. I will discuss the dive plans—including communications, procedures for reuniting in case of separation, and emergency procedures—with my buddy and with my divemaster.
4. Be proficient in computer diving, and make all dives no-decompression dives with a sufficient margin of safety, as determined by the divemaster. I will use my computer to monitor depth and time while underwater. I will limit my maximum depth to those set during the dive briefing provided by the divemaster. I will not ascend at a rate of more than 18 meters/60 feet per minute. I will maintain a depth approximate to my divemaster, and will not vary from the divemaster's depth by more than 8 meters/25 feet.
5. Maintain proper buoyancy. I will adjust my weighting at the surface for neutral buoyancy with no air in my buoyancy control device. I will maintain neutral buoyancy while underwater so that I am buoyant for surface swimming and resting. I will have my weights clear for easy removal and establish buoyancy when in distress while diving. I will compensate my weight for steel tanks when they are used.
6. Breathe properly for diving. I will never hold my breath or skip-breathe while breathing compressed air, and I will avoid excessive hyperventilation when freediving. I will avoid overexertion while in and under the water and dive within my limitations.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize that they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

Participant signature

Date (day/month/year)

Parent/guardian signature (where applicable)

Date (day/month/year)



Medical Statement

Please read carefully before signing.

This is a statement in which you are informed of some of the potential risks involved in scuba diving and of the conduct required of you when participating in scuba diving activities with Aqua Divers S.A. de C.V., dba Living Underwater. Your signature on this statement is required for you to participate in the scuba activities offered by Living Underwater.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and Living Underwater before participating in the dive activities offered by Living Underwater.

Diver's Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by a doctor before participating in the dive activities offered by Living Underwater. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety and enjoyment while engaged in dive activities.

Yes No

- Could you be pregnant, or are you attempting to become pregnant?
- Are you presently taking prescription medications (except contraceptives or anti-malarials)?
- Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigars, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - are currently receiving medical care
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

Yes No

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hay fever or allergy?
- Frequent colds, sinusitis or bronchitis?
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (Panic attack, tear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

Please answer the following questions on your past or present medical history 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 Living Underwater's diving activities.

Yes No

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes.)?
- Head injury with loss of consciousness in the past live years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?

Yes No

- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism, in the past five years?

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.

Participant signature

Date (day/month/year)

Parent/guardian signature (where applicable)

Date (day/month/year)



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 _____ 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 _____, and will take all reasonable preventive steps that may be recommended by _____, or any relevant public authority.

I WILL accept and observe all instructions by _____ 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 _____ o 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 convalesce before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

MEDICAL RECOMMENDATIONS (2):

- Divers who have had symptomatic COVID-19, should wait a minimum of TWO months, preferable THREE, before resuming their diving activities.
- Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.
- Divers who have been hospitalised with pulmonary symptoms related to COVID-19, should, after a three-month 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.

GENERAL RECOMMENDATION

- Divers and dive centers should observe strictly the guidelines for disinfection of diving gear (as issued by the diving federations and DAN Europe / Divers Alert Network).

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).

The present is a sample of a Health Declaration Form that a dive centre or dive professional may want to adopt and submit to customers and students, before taking up any diving activity with them.

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.



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