

COVID-19 Screening Form

Name _____

This form must be completed before any diver will be authorized to participate in any ECU Scientific Diving operation. If any answer changes after the form is submitted, the diver will contact the ECU DSO and obtain further clearance before resuming diving operations. Reminder: All divers have the right to decline to participate in any dive for any reason without repercussion. Divers are encouraged to get a COVID-19 test when possible before participating in diving activities.

	YES	NO
1. Have you had any of the following symptoms in the last 14 days? <ul style="list-style-type: none"> Fever, Fatigue, Cough, Loss of Appetite, Muscle Aches, Shortness of Breath, Sudden Loss of Smell or Taste, or Metallic Taste in Mouth 		
2. Have you had close contact with someone with confirmed or suspected COVID-19 within the last 14 days? <ul style="list-style-type: none"> If Yes, when were you exposed? 		
3. Do you live with or have regular contact with someone who works at or frequents an establishment that had a confirmed or suspected outbreak of COVID-19 in the last 14 days? <ul style="list-style-type: none"> If Yes, what was the date of the outbreak? 		
4. Have you attended any large gatherings (over 10 people) in the last 14 days? <ul style="list-style-type: none"> If Yes, what was the date of the gathering? 		
5. Have you tested positive for a COVID-19 viral test? <ul style="list-style-type: none"> If Yes, what was the date of the test? 		
6. Have you tested positive for a COVID-19 antibody test? <ul style="list-style-type: none"> If Yes, what was the date of the test? 		
7. Have you traveled, internationally or domestic, in the last 14 days? <ul style="list-style-type: none"> If Yes, when and where? 		

Diver's Printed Name: _____

Diver's Signature: _____ Date _____

- I certify all information is true and correct to the best of my knowledge

DSO Signature: _____ Date _____