

## PASSENGER ACCESS CONTROL DECLARATION FOR TANGO OF WEYMOUTH

All passengers are to complete the following questionnaire prior to boarding Tango.

1.	I agree to adhere to: <ul style="list-style-type: none"> <li>• The current social distance rule of 2m</li> <li>• Wear a face mask when loading and unloading Tango</li> </ul>	YES	NO
2.	Have you experienced any of the following symptoms within the last 14 days? <ul style="list-style-type: none"> <li>• Fever/temperature &gt;38°C</li> <li>• Persistent cough</li> <li>• Difficulty breathing</li> <li>• Loss of taste</li> </ul>	YES	NO
3.	Are you currently under and self-isolation/quarantine as prescribed by a doctor or Public health authority?	YES	NO
4.	In the past 14 days, have you had any close contact with a person who has been diagnosed with COVID-19, or is pending a test result or anyone exhibiting the symptoms above? (Close contact means having cared for or having lived with)	YES	NO
	The current medical recommendations from the Diver Alert Network (DAN) <ul style="list-style-type: none"> <li>• Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.</li> <li>• Divers who have had symptomatic COVID-19, should wait at least THREE months before applying for fit-to-dive clearance conducted by a diving medicine specialist.</li> <li>• Divers who have been hospitalised 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 or co-ordinated by a diving medicine specialist, with complete pulmonary function testing (at least FVC, FEV1, PEF25-50-75, RV and FEV1/FVC, and an exercise test with peripheral oxygen saturation measurement) as well as a high resolution CT scanning of the lungs.</li> </ul>		
5.	Do you consider yourself fit to dive?	YES	NO
I confirm that I have answered the above questions to the best of my knowledge.			
Name (print):			
Signature:			Postcode:
Date:			
6.	Additional information required for diving:		
Diving Qualification:			
Age:			
Breathing GAS:			
Planned maximum dive time:			
Emergency contact name and phone number:			