

MOD 01	REQUEST FOR INFORMATION TO BE ABLE TO ACCESS SCUBA DIVING ACTIVITIES (Freediving, Recreational or Technical Diving) and TOURS/HIKING ACTIVITIES	Rev.1 2020
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Questionnaire to be filled in by the adult diver or by both parents, in the case of a minor

GENERAL INFORMATION

The undersigned _____, born on ____ . ____ . ____
 in _____ (____), resident in _____ (____),
 street _____ identified by means _____ n. _____,
 issued by _____ release date ____ . ____ . ____ ,

DECLARES UNDER ITS RESPONSIBILITY

- that I was not subjected to the quarantine measure for COVID-19
- not to have tested positive for COVID-19
- not having had contacts with COVID-19 positive subjects without the PPE prescribed in the WHO, ISS, company protocols
- that I have not been hospitalized with (or because of) lung symptoms in the past 3 months
- not to have suffered from severe respiratory symptoms or extreme tiredness / fatigue at home in the past 3 months
- not to have a rapid serological test positive for IgM or IgG of COVID-19
- to have a valid medical certificate (means the certificate with annual validity required by current legislation for medical fitness for competitive or recreational sports)

RECENT SUBJECTIVE SYMPTOMS

In the past 40 days you have accused:

Fever > 37.5 °C	NO	YES	Diarrhea	NO	YES
Dry cough	NO	YES	Sore throat	NO	YES
Dyspnoea, difficulty breathing	NO	YES	Do not smell	NO	YES
Shortness of breath	NO	YES	Loss of taste	NO	YES
Asthenia, weakness	NO	YES	Cold	NO	YES
Myalgias, muscle pain	NO	YES	Stuffy runny nose	NO	YES
Pneumonia	NO	YES	Thromboembolic disease	NO	YES
Flu-like symptoms	NO	YES	Thrombotic disease	NO	YES

PHARMACOLOGICAL THERAPIES

In the last few months you have been taking medications constantly	NO	YES
I currently use drugs (pills or sachets for os, inhalers or vials intramuscularly or subcutaneously) or herbal products on prescription or "over the counter"	NO	YES

AUTHORIZATION TO PROCESS PERSONAL AND MEDICAL DATA

We inform you that your personal and medical data falling into particular categories of data are processed in compliance with **EU regulation 679/2016**. You can find detailed information on our website www.megalehellas.net. Consent to processing is necessary both to manage the activities and services that we provide and to ensure that this takes place in compliance with the safety instructions provided by the Scientific and Health Authorities.

I, the undersigned, declare:

authorize

don't authorize (*in this case the diving services cannot be guaranteed*)

the processing of **medical data** - particular categories of data.

Date

Diver's signature if adult or parents

I, the undersigned, declare:

authorize

don't authorize (*in this case the diving services cannot be guaranteed*)

the processing of **personal data**.

Date

Diver's signature if adult or parents

* * *

AUTHORIZATION

MOD 01	DURING THE PERIOD OF STAY AT THE STRUCTURE, I AUTHORIZE TO CARRY OUT ON MY PERSON HEALTH TESTS OF VERIFICATION AND MEASUREMENT OF THE TEMPERATURE BY THE RESPONSIBLE OF THE ACTIVITIES, IN COMPLIANCE WITH THE REGULATION IN FORCE OF COVID-19.	Rev.1 2020
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I, the undersigned, declare:

authorize

don't authorize (*in this case the diving services cannot be guaranteed*)

Date

Diver's signature if adult or parents