MOD01	**Information in order to have access on the dives actitivities**	REV.1 2021

GENERAL INFORMATIONS

Name and Surname _____, Date of birth _____

City _____, Home Address _____

Street _____ phone _____

ID Card _____ nr _____

Responsability Declaration

☐ 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 having suffered from severe respiratory symptoms or extreme tiredness / fatigue at home in the past 3 months
☐ Not to have a positive serological rapid test for IgM or IcG of COID-19
☐ To be in possession of 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:

Temperature > 37.5	☐ NO	☐ YES	Diarrhea	☐ NO	☐ YES
Dry cough	☐ NO	☐ YES	Sore throat	☐ NO	☐ YES
Dyspnoea, difficulty breathing	☐ NO	☐ YES	Anosmia, non sentire doloriAnosmia, don't feel pain	☐ NO	☐ YES
Shortness of breath	☐ NO	☐ YES	Ageussia, loss of taste	☐ NO	☐ YES
Asthenia, weakness	☐ NO	☐ YES	Cold	☐ NO	☐ YES
Myalgias, muscle pain	☐ NO	☐ YES	Closed, runny nose	☐ NO	☐ YES
Pneumonia	☐ NO	☐ YES	Thromboembolic disease	☐ NO	☐ YES
Similar flu symptoms	☐ NO	☐ YES	Thrombotic disease	☐ NO	☐ YES

PHARMACOLOGICAL THERAPIES

Have you been taking any medications in the past few months?	☐ NO	☐ YES
I currently use drugs (pills or sachets for os, inhalers or vials intramuscularly or	☐ NO	☐ YES

subcutaneously) or herbal products on prescription or "over the counter"		

AUTHORIZATION FOR THE PROCESSING OF 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 or in an attachment to the email we sent you. 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 Authority

I declare :

☐ Authorize

☐ I don't authorize

The processing of medical data - particular categories of data

Date | Signature (of the diver or both parents if minor)

The undersigned also declares

☐ Authorize

☐ I don't authorize

The treatment of personal data

Date | Signature (of the diver or both parents if minor)

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AUTHORIZATION

MOD 01	I AUTHORIZE TO PERFORM ON MY PERSON DURING THE PERIOD OF STAY AT THE HEALTH TEST STRUCTURE 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 2021

The undersigned also declares

☐ Authorize

☐ I don't authorize

The treatment of personal data

Date | Signature (of the diver or both parents if minor)