COVID Risk Acceptance (good for one year)

Name:

Dept/Institution:

Date:

I have read and understand the Minimum COVID19 exposure control guidelines for UA Research Diving Activity and will abide by these guidelines. I have also read and understand the COVID Risk Acceptance.

Signature:

1. I understand that diving during COVID pandemic has added risks to typical research diving
2. I will not dive if I have any COVID symptoms, including:
	1. Fever
	2. Cough
	3. Shortness of breath
	4. Chills
	5. Muscle or chest pain
	6. Sore throat
	7. New loss of taste or smell
3. I will not dive if I have travelled out of the state in the last 14 days
4. I will not dive if I have come into close contact (within 6 feet) with someone who has a laboratory confirmed COVID – 19 diagnosis in the past 14 days