



University of Miami Scientific Diving Program COVID-19 Return-to-Diving Form

THIS FORM IS A COVID-19 MEDICAL CLEARANCE RELEASING THE DIVER TO RESUME FULL PARTICIPATION
IN UM SCIENTIFIC DIVING ACTIVITIES.

A spirometry exam and all other pertinent cardiopulmonary studies must be conducted, and this form must be signed by a Licensed Physician (MD/DO) before the diver is allowed to resume full participation in UM scientific diving activities.

Name of Diver: _____ Date of Birth: _____ Gender: _____

Date of COVID-19 Infection Diagnosis: _____

Date of COVID-19 Infection Resolution: _____

This is to certify that the above-named diver has been diagnosed and treated for COVID-19 infection.

As the examining MD/DO, I attest that the above-named diver is now reporting to be completely free of all signs and symptoms of COVID-19 and has had appropriate results on all cardiopulmonary diagnostic studies. By signing below, therefore, I give the above-named diver consent to resume full participation in scientific diving.

Signature of Licensed Physician

Date

Printed Name

Office Address

Phone Number