Appendix 4
+++UMaine Medical Assessment of Divers Following COVID-suspected Illness+++ 

Diver Name: __________________________ Date: ________________

COVID-19 SYMPTOMS
Since January 2020: (Please circle)
1. Have you had a positive swab (PCR) or blood (antibody test) for COVID-19? NO YES
   If Yes, date of test(s): ____________________
2. Have you had any of the following symptoms and suspect they may have been related to COVID-19 Illness? (check all that apply) NO YES
   - cough
   - shortness of breath
   - difficulty breathing
   - sore throat
   - fever
   - chills
   - shivering
   - loss of taste or smell
   - muscle aches
   - headache
   - diarrhea

3. Did you miss any days of work due to the above symptoms? NO YES
4. Have you had severe respiratory illness with clinical or x-ray evidence of pneumonia, or acute respiratory distress syndrome? NO YES
5. If YES to question 2-4, were you diagnosed with any respiratory illness other than COVID-19? If Yes, what illness: ____________________________
6. Are you having any symptoms currently? NO YES
7. Do you feel anxious or depressed about the COVID-19 pandemic or working? NO YES

EXERCISE TOLERANCE:
1. Describe your normal exercise routine: ____________________________
2. Any changes in your ability to perform your normal exercise or exertion? NO YES
3. If YES to question 2, why can’t you perform your normal exercise? ____________________________

If you answered ‘NO’ to all of the questions above, and have a current UMaine Diver Medical Exam on file, no further evaluation is required. Please submit this form to the UMaine Diving Safety Officer.

If you answered ‘YES’ to any of the above questions, additional screening by a medical provider is required. The screening should follow the recommendations for Medical Assessment of Divers Following COVID-suspected Illness found on page 2 of this document as well as the standard UMaine Diver Medical Exam and Medical History Report. When complete, please submit this form AND a newly completed UMaine Diver Medical Exam to the UMaine Diving Safety Officer.

PHYSICIAN’S STATEMENT: I have evaluated this individual according to the Medical Assessment of Divers following COVID-suspected Illness and provided my recommendations on the UMaine Diving Medical Exam Overview for the Examining Physician.

Physician Signature: __________________________, M.D./D.O. Date: ________________

Physician Name (Print): ________________
### Classification of divers based on severity of COVID-19 suspected illness

<table>
<thead>
<tr>
<th>Category 0</th>
<th>Category 1</th>
<th>Category 2</th>
<th>Category 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NO history of COVID-19 suspected illness</strong></td>
<td><strong>MILD</strong> COVID-19-suspected illness</td>
<td><strong>MODERATE</strong> COVID-19-suspected illness</td>
<td><strong>SEVERE</strong> COVID-19-suspected illness</td>
</tr>
<tr>
<td>Definition: Divers who have no history of COVID-19 suspected illness should proceed with normal evaluations. Additionally, we would use these criteria in those who may have had a positive screening PCR or antibody test, but without any history of illness or symptoms consistent with COVID-19.</td>
<td>Definition: Did not seek health care or received outpatient treatment only without evidence of hypoxemia. Did not require supplemental oxygen. Imaging was normal or not required.</td>
<td>Definition: Required supplemental oxygen or was hypoxic. Had abnormal chest imaging (chest radiograph or CT scan). Admitted to the hospital but did NOT require mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care.</td>
<td>Definition: Required mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care. Cardiac involvement defined as abnormal ECG or echocardiogram, or elevated cardiac biomarkers; e.g. troponin or CK-MB and BNP (or absence of documented work up). Thromboembolic complications (such as PE, DVT, or other coagulopathy).</td>
</tr>
</tbody>
</table>

### Recommendations for evaluations of divers or diving candidates

<table>
<thead>
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</tr>
<tr>
<td>Initial/periodic exam per ADCI guidelines</td>
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</tr>
<tr>
<td>Chest radiograph only if required per professional group</td>
<td>Spirometry</td>
<td>Spirometry</td>
<td>Spirometry</td>
</tr>
<tr>
<td>No additional testing required</td>
<td>Chest radiograph (PA &amp; lateral); if abnormal, obtain chest CT</td>
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</tr>
<tr>
<td>If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation</td>
<td>ECG</td>
<td>ECG</td>
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</tr>
<tr>
<td></td>
<td>Echocardiogram (if no work up was done as an inpatient. Can forgo if had negative work up)</td>
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<td>Repeat cardiac troponin or CK-MB and BNP to ensure normalization</td>
</tr>
<tr>
<td></td>
<td>If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation</td>
<td>Investigation and management of any other complications or symptoms per provider and professional group or RSTC guidelines</td>
<td>Exercise Echocardiogram with oxygen saturation</td>
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* If the physician is not assured the diver’s self-reported exercise level meets appropriate criteria or is concerned it would not reveal underlying cardiac or pulmonary disease, further testing is warranted.