

## 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  

<input type="checkbox"/> cough	<input type="checkbox"/> fever	<input type="checkbox"/> headache
<input type="checkbox"/> shortness of breath	<input type="checkbox"/> chills	<input type="checkbox"/> loss of taste or smell
<input type="checkbox"/> difficulty breathing	<input type="checkbox"/> shivering	<input type="checkbox"/> diarrhea
<input type="checkbox"/> sore throat	<input type="checkbox"/> muscle aches	
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: \_\_\_\_\_ NO YES
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? \_\_\_\_\_

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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): \_\_\_\_\_

*University of Maine*  
*Medical Assessment of Divers Following COVID-suspected Illness*

Classification of divers based on severity of COVID-19 suspected illness

<b>Category 0</b> <i>NO history of COVID-19 suspected illness</i>	<b>Category 1</b> <i>MILD COVID-19-suspected illness</i>	<b>Category 2</b> <i>MODERATE COVID-19-suspected illness</i>	<b>Category 3</b> <i>SEVERE COVID-19-suspected illness</i>
<p>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.</p>	<p>Definition:</p> <ul style="list-style-type: none"> <li>● Did not seek health care or received outpatient treatment only without evidence of hypoxaemia.</li> <li>● Did not require supplemental oxygen</li> <li>● Imaging was normal or not required</li> </ul>	<p>Definition:</p> <ul style="list-style-type: none"> <li>● Required supplemental oxygen or was hypoxic</li> <li>● Had abnormal chest imaging (chest radiograph or CT scan)</li> <li>● Admitted to the hospital but did NOT require mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care.</li> <li>● If admitted, had documentation of a normal cardiac work up including normal ECG and cardiac biomarkers e.g. troponin or CK-MB and BNP</li> </ul>	<p>Definition:</p> <ul style="list-style-type: none"> <li>● Required mechanical (intubation) or assisted ventilation (BIPAP, CPAP) or ICU level of care.</li> <li>● 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)</li> <li>● Thromboembolic complications (such as PE, DVT, or other coagulopathy)</li> </ul>

Recommendations for evaluations of divers or diving candidates

<b>Category 0</b> <i>NO history of COVID-19 suspected illness</i>	<b>Category 1</b> <i>MILD COVID-19-suspected illness</i>	<b>Category 2</b> <i>MODERATE COVID-19-suspected illness</i>	<b>Category 3</b> <i>SEVERE COVID-19-suspected illness</i>
<ul style="list-style-type: none"> <li>● Initial/periodic exam per ADCI guidelines</li> <li>● Chest radiograph only if required per professional group</li> <li>● No additional testing required</li> </ul>	<ul style="list-style-type: none"> <li>● Initial/periodic exam per ADCI guidelines</li> <li>● Spirometry</li> <li>● Chest radiograph (PA &amp; lateral); if abnormal, obtain chest CT</li> <li>● If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation</li> </ul>	<ul style="list-style-type: none"> <li>● Initial/periodic exam per ADCI guidelines</li> <li>● Spirometry</li> <li>● Chest radiograph (PA &amp; lateral); if abnormal, obtain chest CT</li> <li>● ECG</li> <li>● Echocardiogram (if no work up was done as an inpatient. Can forgo if had negative work up)</li> <li>● If unknown (or unsatisfactory) exercise tolerance*, perform exercise tolerance test with oxygen saturation</li> <li>● Investigation and management of any other complications or symptoms per provider and professional group or RSTC guidelines</li> </ul>	<ul style="list-style-type: none"> <li>● Initial/periodic exam per ADCI guidelines</li> <li>● Spirometry</li> <li>● Chest radiograph (PA &amp; lateral); if abnormal, obtain chest CT</li> <li>● ECG</li> <li>● Repeat cardiac troponin or CK-MB and BNP to ensure normalization</li> <li>● Echocardiogram</li> <li>● Exercise Echocardiogram with oxygen saturation</li> <li>● Investigation and management of any other complications or symptoms per provider and professional group or RSTC guidelines</li> </ul>

*\* 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.*

Adapted from : Charlotte Sadler, Miguel Alvarez Villela, Karen Van Hoesen, Ian Grover, Michael Lang, Tom Neuman, Peter Lindholm. Diving after SARS-CoV-2 (COVID-19) infection: Fitness to dive assessment and medical guidance. Diving and Hyperbaric Medicine. 2020 30 September;50(3). doi: 10.28920/dhm50.3