



TSSF COVID-19 FORM-2 CONSENT FORM

INFORMATION ABOUT COVID-19 (Coronavirus Disease):

On February 12, 2020, the World Health Organization (WHO) identified the disease caused by the SARS-CoV-2 virus as COVID-19 (Coronavirus Disease). Coronaviruses are a large family of viruses that can cause disease in animals or humans. WHO (World Health Organization) has declared COVID-19 disease as a pandemic due to the increasing speed of virus spread in all countries worldwide.

Symptoms of COVID-19 disease: The most common symptoms of COVID-19 disease are fever, dry cough, respiratory failure, sputum, tiredness, weight loss, muscle aches, diarrhea. In severe cases, pneumonia, severe respiratory failure, kidney failure and death may develop. It has also been reported that cases with loss of smell, decreased sense of smell and loss of taste sensation should take into account the possibility of coronavirus (SARS-CoV-2) infection and urgently apply to health institutions for testing and isolation. The mortality rate increases with age and the presence of disease.

Modes of transmission of the COVID-19 disease: Human-to-human transmission has been reported to occur more frequently through respiratory droplets or by contact with contaminated objects and surfaces.

High-risk groups for the COVID-19 disease:

- COVID-19 is often more severe in people who are older than 60 years.
- The presence of the disease (heart diseases, hypertension, diabetes, chronic respiratory disease, cancer) increases the risk.
- Generally, the disease appears rare and mild in children.

Preventions of COVID-19 disease: Hands should be washed frequently with soap and water for at least 20 seconds after contact. Alcohol-based hand disinfectants could also be used. Close contacts such as handshaking and hugging should be avoided. The environments should be frequently ventilated. Personal items such as towels should not be shared. Pay attention to the social (safe) distance (1.5-2 meters). Wear a mask during close contact. Drink plenty of fluids, eat a balanced diet and get enough sleep. If you have a fever, cough and shortness of breath, you should wear a mask and seek medical advice.

I have read the above information about the Coronavirus Disease (COVID-19).

I was explained in detail at the meeting -held before I participated in the activity- that;

- COVID-19 outbreak caused by the virus (SARS-CoV-2) -as accepted pandemic by the World Health Organization- has been partially taken under control in our country but has not been completely eliminated,
- The disease can cause serious and permanent health problems, including death,
- There is no full treatment for this disease,
- Diving courses / activities that I intend to attend carry a high risk for COVID-19
- Even if all the rules and practices preventing contamination -determined by the World Health Organization, Ministry of Health and TSSF (Turkish Underwater Sports Federation)- are fully followed by the diving organization, they may not prevent contamination,

- Virus (SARS-CoV-2) carriage is also possible without any signs and symptoms, so that I, my instructor, staff or others involved in the activities can be potential carriers and the virus can be transmitted to others as well as I can infect others,

I openly asked my questions, if any, and these questions were answered satisfactorily.

Before the activity, I clearly and accurately answered the questions (COVID-19 FORM-1) about my past or possible COVID-19 condition and about the existence of diseases and other conditions that are considered negative for this disease. Dive Center officials / instructors reviewed these responses. I agree that this information may be announced to other participants if I have a risky situation associated with them.

I expressly acknowledge that Dive Center officials / instructors or other participants may not agree with my participation in this activity if they think that I pose a risk based on this data.

Similarly, I agree that I have the right to ask other participants who may pose a risk not to participate in this activity, and if this request is not fulfilled, I can give up participating in the activity.

Participant

Name – Surname:

Age:

Phone Number:

Emergency Contact Nr:

Passport Nr:

E-mail:

Date:

Signature

Manager / Dive Instructor

Name – Surname:

Dive Center:

Signature: