

Add together the individual scores for each item that applies to you in the Medical History table. This will give a Total Score. Use this score in the second table to find the current advice for you.

| Medical history | Score |
|--|-------|
| Negative COVID-19 antibody test (sample taken more than 3 weeks after any contact) | -2 |
| An episode of new persistent cough at some time since 1 January 2020 | 10 |
| An episode of fever at some time since 1 January 2020 | 10 |
| An episode of increased shortness of breath at some time since 1 January 2020 | 10 |
| An episode of loss of taste or smell at some time since January 2020 | 10 |
| Known contact with proven or suspected COVID-19 (e.g. household isolation) without appropriate Personal Protective Equipment | 1 |
| Positive COVID-19 antibody test or throat swab | 5 |
| Symptoms of COVID-19 severe enough to require admission to hospital | 50 |

| Total score | Estimated risk of lung changes | Recommended action | Testing |
|---------------|---|--|--|
| Less than 0 | Low | No review required prior to diving | No review required prior to diving - diver should understand that there are still unknown risks. Consider validated antibody testing to aid risk assessment. |
| 0 | Probably low (about 5% chance of lung changes) | No review required prior to diving if prepared to accept risk | Consider validated antibody test to adjust score if not already done. |
| 1-7 | Moderate (up to about 50% chance of lung changes) | Discuss with medical referee no earlier than 3 months after most recent illness and when returned to normal exercise capacity | If score is 1, consider validated antibody test to adjust score if not already done. Other tests might be required |
| 8-47 | High | Discuss with medical referee no earlier than 3 months after you were ill, when fully recovered and returned to normal exercise capacity | Other tests are likely to be required |
| 48 or greater | Very high (almost 100% chance of lung changes) | Refer to medical referee 1 year after you were discharged from hospital, when fully recovered and returned to normal exercise capacity Refer earlier if returned to normal exercise capacity and there is evidence that the lungs (normal CT chest and gas transfer factor) and heart (normal ECG and echocardiogram) were not affected | Will require review of any testing undertaken as part of usual clinical care. Other tests are likely to be required |

NB - The NHS gives the following advice about symptoms:

- high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Currently the only validated antibody tests that have been approved by Government are those produced by Abbott and by Roche.

Any diver requiring assessment for fitness to dive or further tests as above or has any queries with regard to the medical implications of COVID-19 on diving please contact a UK Diving Medical Referee listed at www.ukdmc.org/medical-referees/

The evidence base re COVID-19 is currently limited, hence this advice and chart may be edited as more evidence becomes available.