



### Declaration of Good Health and Compliance to COVID-19 Regulations

This document is compulsory in order to attend the Level 1 Point of Care Ultrasound Course. Kindly forward the signed document to [info@ultrasoundacademy.org](mailto:info@ultrasoundacademy.org) prior to attending the course. Failure to do so may result in your exclusion from the course.

*Kindly tick all the applicable:*

I have been fully vaccinated against COVID-19 Yes  No

I agree to follow COVID-19 precautions including wearing appropriate PPEs at all times during the course. Yes  No

I agree to immediately inform one of the course organisers should I feel unwell, or exhibit COVID-19 related symptoms (including fever, diarrhoea anosmia, dysgeusia, laryngitis or cough) in the days leading to the course or during the course itself. Yes  No

I agree to immediately inform one of the course organisers should I be asked to quarantine by Public Health or MDH Infection Control. Yes  No

I agree to immediately inform one of the course organisers should I have been in close contact (e.g. less than 2 meters for more than 15 minutes) with a person who has COVID-19 in the 14 days prior to the course. Yes  No

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Name & Surname: \_\_\_\_\_

Date: \_\_\_\_\_