

## Medical Statement and History

The purpose of this medical questionnaire is to find out if you need to be examined by a physician before participating in recreational diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

To Scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult a doctor and the instructor before participation in this program.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply, we must request that you consult with a physician prior to participating in Scuba diving. If you did not bring a current (less than one year old) certification from your physician, specifically stating fitness for Scuba Diving, a list of local physicians will be provided to you, whenever possible.

\_\_\_ Are you pregnant?  
\_\_\_ Are you over 45 years of age and currently smoke pipe, cigars or cigarettes?  
\_\_\_

\_\_\_ Do you regularly take prescription medications?  
\_\_\_ Do you currently suffer from a cold or congestion?

Have you ever had or do you currently have:

\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?  
\_\_\_ Frequent or severe attacks of hay fever or allergy?  
\_\_\_ Frequent colds, sinusitis or bronchitis?  
\_\_\_ Any form of lung disease?  
\_\_\_ Pneumothorax (collapsed lung)?  
\_\_\_ History of chest surgery?  
\_\_\_ Claustrophobia or agoraphobia (fear of closed or open spaces)?  
\_\_\_ Epilepsy, seizures, convulsions or take medicine to prevent them?  
\_\_\_ Recurring migraine headaches or take medicine to prevent them?  
\_\_\_ History of blackouts or fainting?  
\_\_\_ History of diving accidents or decompression sickness  
\_\_\_ History of back surgery?  
\_\_\_ History of recurrent back problem?  
\_\_\_ History of diabetes?

\_\_\_ History of back, arm or leg problems following surgery, injury or fracture?  
\_\_\_ Unable to perform moderate exercise (example: run up a flight of stairs)?  
\_\_\_ History of high blood pressure or take medicine to control blood pressure?  
\_\_\_ History of any heart disease?  
\_\_\_ History of heart attacks?  
\_\_\_ Angina or heart surgery or blood vessel surgery?  
\_\_\_ History of ear or sinus surgery?  
\_\_\_ History of ear disease, hearing loss or problems with balance?  
\_\_\_ History of bleeding or other blood disorders?  
\_\_\_ History of ulcers or ulcer surgery?  
\_\_\_ History of colostomy)?  
\_\_\_ History of drug or alcohol abuse?  
\_\_\_ Behavioral Health Problems?

I have read this form and fully understand that SCUBA is a hazardous sport and that by signing this form I am giving up legal rights that I have. The information I have provided is accurate to the best of my knowledge.

(Signature of Parent or Guardian, when applicable)

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_