

## 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 coronary disease, 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 scuba diving activities.

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.

Could you be pregnant, or are you attempting to become pregnant?

Are you presently taking prescription medications? (With the exception of birth control or anti malarial)

Are you over 45 years of age and can answer YES to one or more of the following?

- |   |   |
|---|---|
| - currently smoke a pipe, cigars or cigarettes    | - have a high cholesterol level                       |
| - have a family history of heart attack or stroke | - are currently receiving medical care                |
| - high blood pressure                             | - diabetes mellitus, even if controlled by diet alone |

**Have you ever had or do you currently have...**

Asthma, wheezing with breathing, wheezing with exercise?	Head injury with loss of consciousness in the past five years?	
Frequent or serve attacks of hayfever or allergy?	Recurrent backproblems?	
Frequent colds, sinusitis or bronchitis?	Back or spinal surgery?	
Any form of lung disease?	Diabetis?	
Pneumothorax (collapsed lung)?	Back, arm or leg problems following surgery, injury or fracture?	
Other chest disease or chest surgery?	High blood pressure or take medicine to control blood pressure?	
Ulcers or ulcer surgery?	Heart disease or heart attack?	
Angina, heart surgery or blood vessel surgery?	Epilepsy, seizures, convulsions or take medications to prevent them?	
Blackouts or fainting (full/partial loss of consciousness)?	Sinus surgery?	
A colostomy or ileostomy?	Ear disease or surgery, hearing loss or problems with balance?	
Dysentery of dehydration requiring medical intervention?	Bleeding or other blood disorders?	
Any dive accidents or decompression sickness?	Hernia?	
Recurrent ear problems?	Recreational drug use or treatment for alcoholism in the past five years?	
Recurring complicated migraine headaches or take medications to prevent them?		
Inability to perform moderate exercise (example: walk 1,6km/ 1 mile within 12min)		
Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)		
Frequent or severe suffering from motion sickness (seasick, carsick etc.)?		

I have carefully 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 Signature  
 Date Date