



MEDICAL DECLARATION

(Participant Record – Confidential Information)

The purpose of the Medical Declaration is to find out if you should be examined by your doctor before participating in recreational/technical diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a diving physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are in doubt answer **YES**. If any of these items apply to you, we must request that you consult with a diving physician prior to participating in scuba diving.

- 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, 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)?
- Other chest disease or chest surgery?
- Behavioural health, mental or psychological problems (panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?

- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness (seasickness, carsick, etc.)?
- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (eg. walk 1 mile within 12 mins.)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Back or spinal surgery?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Name & Surname

Signature

Date