



Medical statement

(Confidential information)

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques it is very safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. You're respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy.

This statement is an overview from all your sicknesses until now. It must be signed by you and a physician. If you have any questions ask your physician or the instructor

Please read carefully before signing.

Your signature on this statement is required for you to participate in the scuba training program offered. Read and discuss this statement prior to signing it. If you are a minor the statement must be signed by a parent.

STUDENT (Please print legibly)

Name _____ Birth date _____

Address _____

ZIP/Town _____ Country _____

Phone _____ E-Mail _____

Medical history

Please answer the questions with YES or NO. If you are not sure, answer with YES. If you have one or more YES, that does not mean that you can't go diving. Discuss this with your physician.

Yes No

- Could you be pregnant?
- Do you regularly take prescription or nonprescription medications?
(with the exception of birth control)
- Are you over 45 years and
- smoke a pipe, cigars, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attacks or strokes?

Have you ever had or do you currently have?

Yes No

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent Colds, sinusitis or Bronchitis, hay fever or allergy?

Yes No

- Do you frequently suffer from motion sickness (seasick, carsick, etc.)?
- History of recurrent back Problems or surgery?



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- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|---|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Any form of lung disease? | <input type="checkbox"/> | <input type="checkbox"/> | History of Diabetes? |
| <input type="checkbox"/> | <input type="checkbox"/> | History of chest surgery? | <input type="checkbox"/> | <input type="checkbox"/> | History of any heart disease? |
| <input type="checkbox"/> | <input type="checkbox"/> | Claustrophobia or agoraphobia (fear of closed or open spaces)? | <input type="checkbox"/> | <input type="checkbox"/> | History of high blood pressure or take medicine to control blood Pressure? |
| <input type="checkbox"/> | <input type="checkbox"/> | Epilepsy, seizures, convulsions or take medication to prevent them? | <input type="checkbox"/> | <input type="checkbox"/> | Inability to perform moderate exercise? |
| <input type="checkbox"/> | <input type="checkbox"/> | Recurring migraine headaches or take medications to prevent them? | <input type="checkbox"/> | <input type="checkbox"/> | History of Problems equalizing (popping) ears with airplane or mountain travel? |
| <input type="checkbox"/> | <input type="checkbox"/> | History of Blackouts or fainting? | <input type="checkbox"/> | <input type="checkbox"/> | History of ear or sinus surgery? |
| <input type="checkbox"/> | <input type="checkbox"/> | History of diving accidents or decompression sickness? | <input type="checkbox"/> | <input type="checkbox"/> | History of drug or alcohol abuse? |

The information I have provided about my medical history is accurate to the best of my knowledge.

_____ Date _____ Signature (of parents or guardian when minor)

PHYSICIAN (Please print legibly)

Name _____
Address _____
Phone _____ E-Mail _____

Physician's impression
(please mark field)

- I find no medical conditions that I consider incompatible with diving.
- I am unable to recommend this individual for diving.

Remarks

_____ Date _____ Signature and stamp of physician