



Medical statement (Confidential information)

Please read carefully before signing.

Your signature on this statement is required for you to participate in the scuba training program offered.

_____ and
diving instructor

_____ in
facility

city / state of

Read and discuss this statement prior to signing it. If you are a minor the statement must be signed by a parent.

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 a physician or the instructor.

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.

_____ 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?

_____ Recurring migraine headaches or take medications to prevent them?
_____ History of Blackouts or fainting?

_____ Do you frequently suffer from motion sickness (seasick, carsick, etc.)??

_____ History of diving accidents or decompression sickness?

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

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent Colds, sinusitis or Bronchitis hay fever or allergy?

_____ Any form of lung disease?

_____ History of chest surgery?

_____ Claustrophobia or agoraphobia (fear of closed or open spaces)?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ History of recurrent back Problems or surgery?

_____ History of Diabetes?

_____ Inability to perform moderate exercise)?

_____ History of high blood Pressure or take medicine to control blood Pressure?

_____ History of any heart disease?

_____ History of ear or sinus surgery?

_____ History of Problems equalizing (popping) ears with airplane or mountain travel?

_____ 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)

STUDENT

Please **print legibly**.

Name _____ Birth date _____ Age _____

Address _____

ZIP/Town _____ Country _____

Phone _____ Fax _____

PHYSICIAN

Please **print legibly**.

Name _____

Address _____

Phone _____ Fax _____

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