



Medical Statement

THIS IS A STATEMENT in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba training program. If you are under the age of 18, you must have this statement signed by a parent or guardian.

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. Your respiratory and circula-

tory 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 your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization of air spaces while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this statement or the Medical History section, review them with your instructor before signing.

Medical History

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training.

A positive response to a question does not necessarily disqualify you from 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 your physician before continuing.

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 apply to you, you must consult with a physician prior to participating in scuba diving activities.

Take this form, along with the *Guidelines for Recreational Scuba Diver's Physical Examination* to your physician.

- Yes/No**
- Could you be pregnant or are you attempting to become pregnant?
- Do you regularly take prescription or nonprescription medications (With the exception of birth control)

Are you over 45 years of age *and* have one or more of the following:

- Yes/No**
- Currently smoke a pipe, cigars, or cigarettes?
- Have a high cholesterol level?
- Have a family history of heart attacks or strokes?

Do you have:

- Yes/No**
- History of diving accidents or decompression sickness?
- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent colds, sinusitis or bronchitis?

- Yes/No**
- Angina or a history of heart attacks?
- History of chest surgery?
- Claustrophobia or agoraphobia (fear of closed or open spaces)?
- History of problems of equalizing or "popping" ears with airplane or mountain travel?
- Behavioral health problems?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- Recurring migraine headaches or take medications to prevent them?
- History of blackouts or fainting (full/partial loss of consciousness)? History of recurrent back problems?
- History of back surgery?
- History of diabetes?
- History of back, arm, or leg problems following surgery, injury or fracture?

- Yes/No**
- Inability to perform moderate exercise (walk one mile within 10 minutes)?
- Do you frequently suffer from motion sickness (seasick, carsick, etc.)?
- History of high blood pressure or take medicine to control blood pressure?
- Pneumothorax (collapsed lung)?
- History of ear disease, hearing loss or problems with balance?
- Any form of lung disease or injury?
- History of ear or sinus surgery?
- History of bleeding or other blood disorder?
- History of any type of hernia?
- History of ulcers surgery?
- History of colostomy?
- History of drug or alcohol abuse?

"The information I have provided about my (or my child's) medical history is accurate to the best of my knowledge."

Student Contact Information

Student Signature, or Parent/Guardian Signature _____ Date _____

FIRST NAME	MIDDLE INITIAL	LAST NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)
STREET ADDRESS OR PO BOX (LINE 1)			ADDRESS (LINE 2)	
CITY		STATE/DISTRICT/PROVINCE	ZIP/POSTAL CODE	COUNTRY
MOBILE PHONE NUMBER			HOME PHONE NUMBER	

Physician Approval (Required if student answers Yes to any question above)

This person is applying for training or is presently certified to engage in scuba diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference. Please check one of the following two boxes:

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

Physician Signature _____ Date _____

PHYSICIAN CONTACT INFO
