MEDICAL STATEMENT

PATIENT RECORD — CONFIDENTIAL INFORMATION

Please read carefully before signing

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

(Name of Instructor)_____

and (Dive Center)_____

located in the city of_____

and state of _____

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 a minor, you must have this Statement 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. Your respiratory and circulatory 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 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 Medical Statement or the Medical History section, review them with your Instructor before signing.

MEDICAL HISTORY

To the Participant:

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. 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 to you, we request that you consult with a physician prior to participating in scuba diving. Your Instructor will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

___ 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 attacks or strokes
- 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 hayfever or allergy?

___ Frequent colds, sinusitis or bronchitis?

___ Any form of lung disease?

___ Pneumothorax (collapsed lung)?

___ Other chest disease or chest surgery?

___ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?

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

___ Recurring migraine headaches or take medications to prevent them?

___ Blackouts or fainting (full/partial loss of consciousness)?

___ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

___ Dysentery or dehydration requiring medical intervention?

___ Any dive accidents or decompression sickness?

___ Inability to perform moderate exercise (example: walk 1.6 km/one 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 medication 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.

_____ _____

▲ SIGNATURE ▲ DATE (day/month/year)

_____ _____

▲ Parent or Guardian signs here IF STUDENT IS A MINOR ▲ DATE (day/month/year)