Last ______ First ______ M.I. ______ Street ______

Date of Birth ______ City ______ State ______ Zip Code ______ Home Phone ______

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 freediving and scuba diving and of the conduct required of you during the freediving and/or scuba training program. Your signature on this statement is required for you to participate in the freediving and/or scuba training program offered by:

(Instructor) ______ and (Facility) ______ City ______ State ______

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 freediving and/or 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 freedive and/or 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 freediving and/or scuba diving. Improper use of freediving and/or 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 freediving and/or scuba 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 freediving and/or scuba diving. Your Instructor will supply you with a medical statement and guidelines for Recreational Freediving & Scuba Diving 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 (DD/MM/YY) ______ Signature of Parent or Guardian ______ Date (DD/MM/YY) ______

EMERGENCY CONTACT INFORMATION

Name: ______ Relationship ______ Home Phone ______ Work Phone ______