

MEDICAL QUESTIONNAIRE

The purpose of this questionnaire is to find out if you should be examined by a doctor before participating in diver training. A positive response to a question **DOES NOT** necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that might affect your safety while diving and you must seek the advice of a physician. Please answer the following questions on your past or present medical with a YES or NO. **If you are not sure, answer YES.** If any of these items apply to you, we may request that you consult a physician prior to participating in scuba diving.

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| <p>Y N Could you become pregnant, or are you attempting to become pregnant?</p> <p>Y N Do you regularly take prescription or non-prescription medications? (with the exception of birth control)</p> <p>Y N Are you over 45 years of age and have one or more of the following?
 - currently smoke a pipe, cigars or cigarettes
 - have high cholesterol level
 - have a family history of heart attacks or strokes</p> <p>Have you ever had, or do you currently have?.....</p> <p>Y N Asthma or wheezing with breathing, or wheezing with exercise?</p> <p>Y N Frequent or severe attacks of hay fever or allergy?</p> <p>Y N Frequent colds, sinusitis or bronchitis?</p> <p>Y N Any form of lung disease?</p> <p>Y N Pneumothorax? (collapsed lung)</p> <p>Y N History of chest surgery?</p> <p>Y N Claustrophobia or agoraphobia? (fear of closed or open spaces)</p> <p>Y N Behavioural health problems?</p> <p>Y N Epilepsy, seizures, convulsions, or take medication to prevent them?</p> <p>Y N Recurring migraine headaches or take medication to prevent them?</p> <p>Y N History of blackouts or fainting, or full or partial loss of consciousness?</p> | <p>Y N Frequent spells of motion sickness? (seasickness, carsickness, etc)</p> <p>Y N History of diving accidents or decompression sickness?</p> <p>Y N History of recurrent back problems?</p> <p>Y N History of back surgery?</p> <p>Y N History of back, arm or leg problems following surgery, injury or fracture?</p> <p>Y N Inability to perform moderate exercise?</p> <p>Y N History of high blood pressure, or take medication to control blood pressure?</p> <p>Y N History of heart disease?</p> <p>Y N History of problems equalizing (popping ears) with airplane or mountain travel?</p> <p>Y N Angina or heart surgery or blood disorders?</p> <p>Y N History of ear or sinus surgery?</p> <p>Y N History of heart attacks?</p> <p>Y N History of bleeding or other blood disorders?</p> <p>Y N History of any type of hernia?</p> <p>Y N History of ear disease, hearing loss, or problems with balance?</p> <p>Y N History of ulcers, or ulcer surgery?</p> <p>Y N History of colostomy?</p> <p>Y N History of drug alcohol or drug abuse?</p> |
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This declaration will only be acceptable when fully completed and signed

I have studied and understand the purposes of this declaration. The medical history details given are accurate to best of my knowledge. I accept that future diving and diver training can only be undertaken once I have presented a Certificate of Fitness to Dive.

Surname _____ Forenames _____

Address _____

_____ Post Code _____

Telephone(s) _____ Date of Birth ____/____/____

Signature(s) _____ Preferred Course Date _____

Signature of Guardian (if trainee under 18) _____

E-mail address _____ Date _____