Medical declaration for entry-level certificate divers

Participant details

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Post Code _____ Country _____

Phone _____ Mobile _____ Email _____

Height _____ Weight _____ BMI _____ Waist circumference *(in cm, measured around belly button)* _____

Please read carefully before signing

** BMI = weight / (height x height)*

This is a declaration in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the entry-level recreational diving certificate training program. Your signature on this statement is required for you to participate in the training. Read this statement prior to signing it. You must complete this declaration, which includes the medical questionnaire section, to enrol in the training. If you are a minor, you must have this declaration signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. To scuba dive safely, you should have an appropriate level of physical fitness and not be extremely overweight. 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. You will learn from the instructor the important safety rules regarding breathing and equalisation 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 declaration or the Medical Questionnaire section, review them with your instructor before signing.

Participant medical questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before partmeans that there is a pre-existing condition that may affect your safety while diving and you icipating in entry-level recreational diving certificate training. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a medical practitioner, preferably with experience in diving medicine, prior to engaging in dive activities.

	Yes	No		Yes	No
Could you be pregnant?	☐	☐	Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?	☐	☐
Are you presently taking prescription medications? (with the exception of birth control or anti-malarial medication)	☐	☐	Epilepsy, seizures, convulsions or take medications to prevent them?	☐	☐
Are you over 45 years of age?	☐	☐	Recurring complicated migraine headaches or take medications to prevent them?	☐	☐
Is your BMI over 30 AND your waist circumference greater than 102 cm for males and 88 cm for females?	☐	☐	Blackouts or fainting (full/partial loss of consciousness)?	☐	☐
Have you ever had or do you currently have:			Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?	☐	☐
Asthma, or wheezing with breathing, or wheezing with exercise?	☐	☐	Dysentery or dehydration requiring medical intervention?	☐	☐
Frequent or severe attacks of hay fever or allergy?	☐	☐	Any dive accidents or decompression sickness?	☐	☐
Frequent colds, sinusitis or bronchitis?	☐	☐	Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?	☐	☐
Any form of lung disease?	☐	☐	Head injury with loss of consciousness in the past five years?	☐	☐
Pneumothorax (collapsed lung)?	☐	☐	Recurrent back problems?	☐	☐
Other chest disease or chest surgery?	☐	☐	Back or spinal surgery?	☐	☐
Back, arm or leg problems following surgery, injury or fracture?	☐	☐	Diabetes?	☐	☐
High blood pressure or take medicine to control blood pressure?	☐	☐	Ear disease or surgery, hearing loss or problems with balance?	☐	☐
Heart disease?	☐	☐	Recurrent ear problems?	☐	☐
Angina, heart surgery or blood vessel surgery?	☐	☐	Bleeding or other blood disorders?	☐	☐
Heart attack?	☐	☐	Hernia?	☐	☐
Sinus surgery?	☐	☐	Ulcers or ulcer surgery?	☐	☐
Recreational drug use or treatment for, or alcoholism in the past five years?	☐	☐	A colostomy or ileostomy?	☐	☐

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 of participant _____ Date _____

Guardian Signature _____ Relation _____ Date _____

Below to be completed by Instructor, for and on behalf of - Divers Den, 319 Draper Street, Paramatta Park, Queensland, 4870

*Has the participant answered **YES** or left blank any of the participant medical questions? If **YES** then the participant requires a dive medical certificate certifying that the person is mdicaly fit to dive.*

Instructor Signature _____ Position _____ Date _____