Technical Diving International Medical Statement

Participant Record (Confidential Information)

18 Elm Street, Topsham, Maine 04086
Phone: (207) 729-4201 Fax: (207) 729-4453

---- 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

_____ and
Instructor

_____ located in the
Facility

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 conducted correctly, applying accepted techniques, this sport has very acceptable risks.

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 your doctor should examine you before participating in recreational dive training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there may be a possible preexisting condition that could affect your safety while diving and you must seek the advice of your physician. Please answer **EACH ONE** of 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 those items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

___ Are you pregnant?

Have you ever had or do you currently have:

___ Do you have active asthma or history of emphysema or tuberculosis?
___ Frequent or severe attacks of hay fever or allergy?
___ Do you currently have a cold, sinusitis or bronchitis?
___ Any form of lung disease?
___ Have you had a Pneumothorax (collapsed lung)?
___ History of chest surgery?
___ Claustrophobia or agoraphobia (fear of closed or open spaces)?
___ Epilepsy, seizures, convulsions or take medications to prevent them?
___ Recurring migraine headaches or take medications to prevent them?
___ Do you have a history of diabetes?
___ History of blackouts or fainting (full/partial loss of consciousness)?
___ History of diving accidents or decompression sickness?
___ History of recurrent back problems?
___ History of back surgery?
___ Inability to perform moderate exercise (example: walk one mile within 12 minutes)?
___ History of high blood pressure or take medicine to control blood pressure?
___ History of any heart disease?
___ History of heart attacks?
___ Angina or heart surgery or blood vessel surgery?
___ History of ear disease, hearing loss or problems with balance?
___ History of drug or alcohol abuse?
___ Do you currently have an ear infection?
___ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
___ Do you have a history of bleeding or other blood disorders?
___ Any other current medical condition that you feel could contradict participation in an active demanding sport such as scuba diving?

The information I have provided about my medical history is accurate to the best of my knowledge.

_____ _____
Signature Date

_____ _____
Signatures of Parents or Guardians (Where Applicable) Date

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STUDENT

Please print legibly

Name:_____ Birth Date:_____ Age:_____
First Initial Last

Mailing Address:_____

_____

City:_____ State/ Province:_____

Country:_____ Zip / Postal Code:_____

Phone: (_____)_____ Fax: (_____)_____

Name and address of your family or primary care physician

Physician:_____ Clinic/ Hospital:_____

Address:_____
City State Zip

Phone: (____)_____ Date of last physical examination: ____/____/____
mm / dd / yy

Name of examiner:_____ Clinic/ Hospital:_____

Address:_____ Phone: (_____)_____

Were you ever required to have a physical for diving? Yes No If so, when? _____

PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested.

Physician's impression:

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

Remarks: _____

_____

Physician:_____ Clinic/ Hospital:_____

Address:_____
City State Zip

Phone: (_____)_____ Fax: (_____)_____

Physician's Signature:_____ **Date** _____/_____/_____
mm / dd / yy

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