



## Medical statement (Confidential information)

**Please read carefully before signing.**

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

\_\_\_\_\_ and  
diving instructor

\_\_\_\_\_ in  
facility

\_\_\_\_\_  
city / state of

Read and discuss this statement prior to signing it. If you are a minor the statement must be 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.

This statement is an overview from all your sicknesses until now. It must be signed by a physician or the instructor.

### Medical history

Please answer the questions with YES or NO. If you are not sure, answer with YES. If you have one or more YES, that does not mean that you can't go diving. Discuss this with your physician.

\_\_\_\_\_ Could you be pregnant?

\_\_\_\_\_ Do you regularly take prescription or nonprescription medications? (with the exception of birth control)

\_\_\_\_\_ Are you over 45 years and...  
# smoke a pipe, cigars, or cigarettes  
# have a high cholesterol level  
# have a family history of heart attacks or strokes?

\_\_\_\_\_ Recurring migraine headaches or take medications to prevent them?

\_\_\_\_\_ History of Blackouts or fainting?

\_\_\_\_\_ Do you frequently suffer from motion sickness (seasick, carsick, etc.)??

\_\_\_\_\_ History of diving accidents or decompression sickness?

Have you ever had or do you currently have...

\_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?

\_\_\_\_\_ History of recurrent back Problems or surgery?

\_\_\_\_\_ Frequent Colds, sinusitis or Bronchitis hayfever or allergy?

\_\_\_\_\_ History of Diabetes?

\_\_\_\_\_ Any form of lung disease?

\_\_\_\_\_ Inability to perform moderate exercise)?

\_\_\_\_\_ History of high blood Pressure or take medicine to control blood Pressure?

\_\_\_\_\_ History of chest surgery?

\_\_\_\_\_ History of any heart disease?

\_\_\_\_\_ Claustrophobia or agoraphobia (fear of closed or open spaces)?

\_\_\_\_\_ History of ear or sinus surgery?

\_\_\_\_\_ History of Problems equalizing (popping) ears with airplane or mountain travel?

\_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?

\_\_\_\_\_ History of drug or alcohol abuse?

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (of parents or guardian when minor)

## STUDENT

Please **print legibly**.

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

ZIP/Town \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

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## PHYSICIAN

Please **print legibly**.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Physician's impression

(please mark field)

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature and stamp of physician