



# 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 prior to participating in diving activities.

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 family history of heart attacks or strokes

high blood pressure

have a high cholesterol level

are currently receiving medical care

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 suffering from motion sickness (seasick, carsick, etc.)?

Heart disease?

Frequent or severe attacks of hayfever or allergy?

Dysentery or dehydration requiring medical intervention?

Heart attack?

Frequent colds, sinusitis or bronchitis?

Any dive accidents or decompression sickness?

Angina, heart surgery or blood vessel surgery?

Any form of lung disease?

Inability to perform moderate exercise (example: walk 1.6 km/ one mile within 12 mins.)?

Sinus surgery?

Pneumothorax (collapsed lung)?

Head injury with loss of consciousness in the past five years?

Ear disease or surgery, hearing loss or problems with balance?

Other chest disease or chest surgery?

Recurrent back problems?

Recurrent ear problems?

Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?

Back or spinal surgery?

Bleeding or other blood disorders?

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

Diabetes?

Hernia?

Recurring migraine headaches or take medications to prevent them?

Back, arm or leg problems following surgery, injury or fracture?

Ulcers or ulcer surgery?

Blackouts or fainting (full/partial loss of consciousness)?

High blood pressure or take medication to control blood pressure?

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 understand and agree that a failure to disclose any existing or past health condition can result in serious injury or death and I expressly assume any and all risks for any omissions I have made, whether intentional or unintentional, in the disclosure of any existing or past health conditions.

Signature

Date (DD/MM/YY)

Signature of Parent or Guardian

Date (DD/MM/YY)