

MEDICAL STATEMENT

Participant Record (Confidential Information)

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 and/or recreational diving

By: _____ and BLUE O TWO LTD, the
Instructor(s) Divemasters, Dive Guides

BOAT MANAGEMENT COMPANY, the vessel(s) _____, located in the city of _____, state of _____,
country of _____.

Read this statement prior to signing it. 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 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 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. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult a doctor before participating in daily diving, and should do so on a regular basis. You should be aware of the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury.

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 high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- 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 attacks of hay fever or allergy?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?

Pneumothorax (collapsed lung)?

Other chest disease or chest surgery?

Behavioural health, mental or psychological problems

(Panic attack, fear of closed or open spaces)?

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

Recurring complicated migraine headaches or take medications to prevent them?

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

Frequent or severe suffering from motion sickness (seasick, car sick, etc.)?

Dysentery or dehydration requiring medical intervention?

Any dive accidents or decompression sickness?

Inability to perform moderate exercise (example: walk 1.6 km/1 mile within 12mins.)?

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

Recurrent back problems?

Back or spinal surgery?

Diabetes?

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

High blood pressure or take medicine to control blood pressure?

Heart disease?

Heart attack?

Angina, heart surgery or blood vessel surgery?

Sinus surgery?

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

Recurrent ear problems?

Bleeding or other blood disorders?

Hernia?

Ulcers or ulcer surgery?

A colostomy or ileostomy?

Recreational drug use or treatment for, or alcoholism in the past five years?

Divers Medical Questionnaire

If you have or suspect that you have any of the medical conditions listed above, you must get signed clearance from a doctor, valid within 12 months of the date of your trip. This must be arranged prior to your arrival and bring it with you to avoid any delays, additional costs, or missing the trip.

I hereby confirm that I _____ have read through the various medical conditions listed above and to the best of my knowledge do not have a current or previous medical condition such as these that may affect my diving. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature

Date

Signature of Parent or Guardian

Date