



MEDICAL STATEMENT

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 excessively 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, have ever tested positive for COVID-19, 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.

The purpose of this medical statement is to find out if you should be examined by a doctor before participating in recreational diving. If you do have one of the medical conditions listed below, this does not necessarily mean you cannot dive but that there is a preexisting condition which could affect your safety while diving and you must seek the advice of a physician before engaging in dive activities.

- Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?
- Have you at any time had chest or heart surgery?
- Have you suffered from or had to take medication for asthma?
- Have you ever had a collapsed lung or pneumothorax?
- Have you ever had any other chest or lung disease, including being diagnosed with COVID-19?
- Have you suffered at any time from blackouts, fainting or recurrent dizziness?
- Have you had regular ear problems in the past ten years?
- Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia?
- Have you ever had epilepsy or fits?
- Have you had recurrent migraines?
- Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?
- Have you ever had any back or spinal surgery?
- Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?
- Have you any history of alcohol or drug abuse in the past five years?
- Do you have diabetes?
- Are you currently taking any prescribed medication (except the contraceptive pill)?
- Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury?
- Have you ever been refused a diving medical certificate or life insurance or been offered special terms?
- Have you ever had, or been treated for, decompression illness?

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 (if under 18)

Date

***** If you do have any of the medical conditions as listed, we do ask you to see your doctor and for him to sign and stamp the form overleaf, or bring an existing "fit to dive" medical which is less than 12 months old*****



MEDICAL STATEMENT

DIVER

Please print legibly

Name Birthdate Age

First

Initial

Last

Day/Month/Year

Address

City County

Country Postal Code

Home Phone (.....) Business Phone (.....)

Email Fax

Name and address of your family doctor

Doctor Surgery/Hospital

Address

Date of last physical examination

Name of examiner Surgery/Hospital

Address

Phone (.....) Email

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

DOCTOR

This person 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.

Doctor's Impression

I find no medical conditions that I consider incompatible with diving

I am unable to recommend this individual for diving

Remarks

.....

.....

..... Date

Doctor's Signature

Day/Month/Year

Doctor Surgery/Hospital

Address

Phone (.....) Email