

STUDENT DIVER MEDICAL DECLARATION



Please read carefully before signing.

This is a declaration in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the entry-level recreational diving certificate training program. Your signature on this statement is required for you to participate in the training offered by **Pro Dive Cairns, 116 Spence Street, Cairns Qld 4870. Ph +617 40 315255 email info@prodivecairns.com.**

Read this statement prior to signing it. You must complete this declaration, which includes the medical questionnaire section, to enrol in the training. If you are a minor, you must have this declaration signed by a parent or guardian.

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 have an appropriate level of physical fitness and not be extremely overweight. 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 prescription medication on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will learn from the instructor the important safety rules regarding breathing and equalisation 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 declaration or the Medical Questionnaire section, review them with your instructor before signing.

Participant Medical Questionnaire

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in entry-level recreational diving certificate training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a medical practitioner, preferably with experience in diving medicine, prior to engaging in dive activities.

Please answer the following questions on your past and present medical history by answering **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, you must be assessed by a medical practitioner prior to participating in training. To undertake recreational diver entry level certificate training, the medical practitioner must issue you with a dive medical certificate that states that you are fit to undertake recreational diver training.

Height (in metres) _____

Weight (in kilograms) _____

BMI* _____

* BMI = Weight / (Height x Height) in metres

Waist circumference (in cm, measured around belly button) _____ : cm

_____ Is your BMI over 30 **AND** your waist circumference greater than 102 cm for males and 88 cm for females?

_____ 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 medication)

_____ Are you over 45 years of age?

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, carsick, etc.)?

_____ Dysentery or dehydration requiring medical intervention?

_____ Any dive accidents or decompression sickness?

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

_____ 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?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Participant Name _____

Birth Date ___/___/___

Age _____

_____/_____/_____
Signature of participant Date

_____/_____/_____
Name of Parent or Guardian (if applicable) Signature Relationship Date

Has the participant answered **YES** or left blank any of the participant medical questions? **YES NO**

If **YES** then the participant requires a dive medical certificate certifying that the person is medically fit to dive.

INSTRUCTOR NAME

Instructor #

Signature

_____/_____/_____
Date