

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program.

The purpose of this medical questionnaire is to find out if your doctor should examine you before participating in recreational dive 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 your physician.

Please answer EACH ONE of 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 those items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

**NO DITTO's or SQUIGGLY LINES**

**NO CORRECTIONS PERMITTED**

**IF YOU MAKE A MISTAKE, START OVER**

- Do you currently have an ear infection?
- Do you have a history of ear disease, hearing loss or problems with balance?
- Do you have a history of ear or sinus surgery?
- Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- Do you have a history of respiratory problems, severe attacks of hay fever or allergies or lung disease?
- Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- Do you have active asthma or a history of emphysema or tuberculosis?
- Are you currently taking medication that carries a warning about impairment of your physical or mental abilities?
- Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- Are you pregnant?
- Do you have a history of colostomy?
- Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- Do you have a history of bleeding or other blood disorders?
- Do you have a history of diabetes?
- Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medication to prevent them?
- Do you have a history of back, arm or leg problems following an injury, fracture or surgery.
- Do you have a history or fear of closed or open spaces or panic attacks (claustrophobia of agoraphobia)?

I am unaware of any medical history or conditions that would prevent or disqualify me to participate in diving activities.

**X** Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (where applicable) \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

## SDI Scuba Discovery Registration Form

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Participant Info

Participant Name: **YOUR NAME**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: **YOUR EMAIL ADDRESS** Sex:  M  F Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Dive Leader/Facility Info

Instructor Name: \_\_\_\_\_ Instr. #: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Dive Info:  Pool/Confined Water  Open Water Water Type:  Fresh  Salt Max Depth:   Metres  Feet

The student above has completed all the requirements as specified in the SDI Scuba Discovery course.

Dive Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_