



## Medical Statement

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This is a statement in which you are informed of some of the potential risks involved in recreational scuba diving and of the conduct required of you during the recreational scuba training.

You must complete this Medical Statement, which includes the medical-history information section, to enrol in the recreational scuba-training program.

### To the Participant:

The purpose of this medical information sheet is to inform you whether you should be examined by a physician before participating in recreational diving training. If any of these conditions apply to you, this does not necessarily disqualify you from recreational scuba diving. It only means that you must seek the advice of a physician.

Please acknowledge that you have read and understood the information provided below by initialling each individual point.

Please be advised that if any of these items apply to you, for your own safety you must consult a physician prior to participating in recreational scuba diving.

<b>YOU MUST CONSULT A PHYSICIAN IF:</b>	<b>Initials</b>
<i>you are pregnant or you suspect you may be pregnant</i>	
<i>you regularly take medications (with the exception of birth control)</i>	
<i>you are over 45 years of age and one or more of the following apply</i>	
– <i>you smoke</i>	
– <i>you have a high cholesterol level</i>	

<b>YOU SHOULD CONSULT A PHYSICIAN IF YOU HAVE EVER HAD:</b>	<b>Initials</b>
<i>Asthma, or wheezing with breathing, or wheezing with exercise</i>	
<i>Any form of lung disease</i>	
<i>Pneumothorax (collapsed lung)</i>	
<i>History of chest surgery</i>	
<i>Claustrophobia or agoraphobia (fear of closed or open spaces)</i>	
<i>Epilepsy, seizures, convulsions or take medications to prevent them</i>	
<i>History of blackouts or fainting (full/partial loss of consciousness)</i>	
<i>History of diving accidents or decompression sickness</i>	
<i>History of diabetes</i>	
<i>History of high blood pressure or take medications to control blood pressure</i>	
<i>History of any heart disease</i>	
<i>History of ear disease, hearing loss or problems with balance</i>	
<i>History of thrombosis or blood clotting</i>	
<i>Psychiatric diseases.</i>	

<b>I AM AWARE THAT I COULD BE UNFIT TO DIVE IF I HAVE, OR DEVELOP DURING THE COURSE, ANY OF THE FOLLOWING CONDITIONS:</b>	<b>Initials</b>
<i>cold, sinusitis, or any breathing problems (e.g. bronchitis, hay fever)</i>	
<i>acute migraine or headache</i>	
<i>any kind of surgery within the last 6 weeks</i>	
<i>under influence of alcohol, drugs or medications effecting the ability to react</i>	
<i>fever, dizziness, nausea, vomiting and diarrhoea</i>	
<i>problems equalising (popping ears)</i>	
<i>acute gastric ulcers</i>	
<i>pregnancy</i>	