

## MEDICAL STATEMENT

Participant Record (confidential information)

**Please read carefully before signing**

Your respiratory system and circulation systems must be in good health. All body airspaces must normal ad healthy. If you have asthma, heart disease or other chronic medial conditions or you are taking medications 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 also learn from the instructor the important safety rules regarding breathing and equalizing while scuba diving. Improper

use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct 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 medical statement or the medical questionnaire section, review them with your instructor before signing.

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 offered.

By \_\_\_\_\_ and

Instructor

\_\_\_\_\_ Located

Facility

in the city of \_\_\_\_\_

and state/province of \_\_\_\_\_

Read this statement prior to signing it. You must complete this medical statement, which includes the medical questionnaire section, to enrol in the scuba training program. If you are a minor, you must have this statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, its relatively safe. When established safety procedures are not followed, there are increased risks. To scuba dive safely, you must not be extremely overweighed or out of condition. Diving can be strenuous under certain conditions. A person with a coronary disease, a current

cold or congestion, epilepsy, a severe medical problem or who is under the influence of drugs or alcohol should not dive.

Please answer the following questions on your past or present medical history with a **YES** or a **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that your consult with a physician prior to participating in scuba diving. Your instructor will supply with a RSTC Medical statement and guidelines for recreational Scuba Divers Physician examination to take to your physician.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Birth date \_\_\_\_\_

YES/NO

1 Could you be pregnant or are you attempting to become pregnant \_\_\_\_\_

2 Do you regularly take prescription of non-prescription medications (With the exception of birth control) \_\_\_\_\_

3 Are you over 45 years of age and can answer YES to one or more of the following: \_\_\_\_\_

- Currently smoke a pipe, cigars or and cigarettes
- Have a high cholesterol level
- Have a family history of hearth 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&..**

- 4 Asthma or wheezing with breathing, or wheezing with exercise? \_\_\_\_\_
- 5 Frequent or severe attacks of hay fever or allergy \_\_\_\_\_
- 6 Frequently cold, sinusitis or bronchitis? \_\_\_\_\_
- 7 Any form of lung disease? \_\_\_\_\_
- 8 Pneumothorax (collapsed lung) \_\_\_\_\_
- 9 Other chest disease or chest surgery? \_\_\_\_\_
- 10 Behaviour health, mental or psychological problems (panic attack, fear for closed or open spaces)? \_\_\_\_\_
- 11 Epilepsy, seizures, convulsions or take medications to prevent them? \_\_\_\_\_
- 12 Blackouts or fainting (full/partial loss of consciousness)? \_\_\_\_\_
- 13 Frequent or sever suffering from motion sickness (seasick, carsick etc.)? \_\_\_\_\_
- 14 Dysentery or dehydration requiring medical intervention? \_\_\_\_\_
- 15 Any dive accidents or decompression sickness? \_\_\_\_\_
- 16 History or recurrent back problems? \_\_\_\_\_
- 17 Inability to perform moderate exercise (example: walk 1.6 km/1 mile within 12 minutes)? \_\_\_\_\_
- 18 Head injury with loss of consciousness in the past five years? \_\_\_\_\_
- 19 Recurrent back problems? \_\_\_\_\_
- 20 Back or spinal injury? \_\_\_\_\_
- 21 Diabetes? \_\_\_\_\_
- 22 Back, arm or leg problems following surgery, injury or fracture? \_\_\_\_\_
- 23 High blood pressure or take medicine to control high blood pressure? \_\_\_\_\_
- 23 High blood pressure or take medicine to control high blood pressure? \_\_\_\_\_
- 24 Heart disease? \_\_\_\_\_
- 25 Angina, heart surgery or blood vessel surgery? \_\_\_\_\_
- 26 Sinus surgery? \_\_\_\_\_
- 27 Era disease or surgery, hearing loss or problems with balance? \_\_\_\_\_
- 28 Recurrent ear problems? \_\_\_\_\_
- 29 Bleeding or other blood disorders? \_\_\_\_\_
- 30 Hernia? \_\_\_\_\_
- 31 Ulcers or ulcer surgery? \_\_\_\_\_
- 32 Colostomy or ileostomy? \_\_\_\_\_
- 33 Recreational drugs for use or treatment for, alcoholism in the past five years? \_\_\_\_\_

**The information I have provided about my medical history is accurate to the best of my knowledge. I exempt my Instructors, facility, which I received my instruction from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused by my negligence.**

\_\_\_\_\_  
DOCTORS SIGNATURE    PARTICIPANT SIGNATURE    DATE

\_\_\_\_\_  
NAME IN CAPITAL OF APPLICANT    PARENT/GUARDIAN SIGNATURE