Medical Screening Statement

www.divemed.com

The purpose of this medical information sheet is to inform you whether a physicain should examine you before participating in recreational scuba diving training and activities. **If you tick YES to any condition/s, this does not necessarily disqualify you from receationl diving, but for your own safety you must consult a physician prior to participating in recreational scuba diving training and activties.** If in doubt, you must seek the advice of a physician. Please tick the "YES" box if the statement has applied and/or applies to you or the "NO" box if the statement has never and/or does not apply to you.

Are you?	**YES**	**NO**
Pregnant or you suspect you may be pregnat	☐	☐
Taking medications (with the exception of birth cntrol)	☐	☐
Over 45 years of age and smoke	☐	☐
Over 45 years of age and have a high cholesterol level	☐	☐

Did you ever have?	**YES**	**NO**
Asthma, or wheezing with breathing or with exercise	☐	☐
Any form of lung disease	☐	☐
Pneumathorax (collapsed lung)	☐	☐
History of chest surgery	☐	☐
Clausrophobia or agoraphobia (fear of closed or open spaces)	☐	☐
Epilepsy, seizures, convulsions or take related medication	☐	☐
History of head injuries or blackouts or fainting	☐	☐
History of serious disability/injury	☐	☐
History of diving accidents or decompression sickness	☐	☐
History of diabetes	☐	☐
History of high blood pressure or take related medications	☐	☐
History of any heart disease	☐	☐
History of ear disease, hearing loss or problem with balancing	☐	☐
History of thrombosis or blood clotting	☐	☐
Psychiatric disease	☐	☐

Declaration

I am aware that I could be unfit to dive if I currently have or develop any of the following conditions:

- Cold, sinusitis,or any breathing problem (e.g. bronchitis, hay fever)
- Acute maigraine or headache
- Any kind of surgery within the last six weeks
- Under influence of alcohol' drugs or medication affecting the ability to react
- Fever, dizziness, nauses, vomiting and diarrhoea
- Problems equalizing (popping ears)
- Acute gastric ulcers
- Pregnancy or suspected pregnancy

I confirm that the answers to the statements in this medical screening statement are accurate to the best of my knowledge.

I accept full responsibility for failing to disclose any past or existing medical condition.

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I accept full responsibility to retake this screening should my medical status changed, or should I become unsure of the statement given during the course of my scuba diving activities.

This declaration is otherwise valid for 1 (one) year from date of signature.

Participant Signature	
Participant Name	
Date of Birth	

Physician's Statement

In my opinion the applicant is fit to take part in recreational scuba diving activities.

Physician's Signature	
Physician's full Name	
Postal address / Stamp	
Date	

Parent/Guardian's Confirmation (where applicable)

Parent/Guardian Signture	
Parent/Guardian Name	

PIC Details:	Date	Instructor

Billing Details:	**Ammt:**	Balance	
	€	€	☐ Book taken
	€	€	☐ Book taken
	€	€	☐ Book taken
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