





## MEDICAL STATEMENT

Participant Record (Confidential Information)

## Please read carefully 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                 |

| byInstructor   | and  | spaces  |
|--|--|---|
| Instructor   |  | current<br>under th   |
| Facility   | located in the   | asthma,   |
| r acmity   |  | ing med   |
| city of  | , state/province of  | the insti<br>thereaft   |
| Medical Statement,<br>enroll in the scuba<br>this Statement sign<br>Diving is an | tatement prior to signing it. You must complete this , which includes the medical questionnaire section, to training program. If you are a minor, you must have ned by a parent or guardian.  In exciting and demanding activity. When performed correct techniques, it is relatively safe. When                 | importal<br>diving. I<br>must be<br>qualified<br>Stateme<br>instructor        |
| Divers M   | edical Questionnaire   |   |
| To the Participal  |  |   |
| ined by your doctor b<br>response to a question<br>response means that           | Medical Questionnaire is to find out if you should be examefore participating in recreational diver training. A positive on does not necessarily disqualify you from diving. A positive there is a preexisting condition that may affect your safety must seek the advice of your physician prior to engaging in | Please a<br>with a <b>YI</b><br>you, we<br>scuba di<br>Guideline<br>physiciar |
| Could you be   | pregnant, or are you attempting to become pregnant?  |   |
|  | ently taking prescription medications? (with the exception of or anti-malarial)  | /   |
| Are you over following?  | 45 years of age and can answer YES to one or more of the   |   |
|  | moke a pipe, cigars or cigarettes  |   |
|  | h cholesterol level<br>nily history of heart attack or stroke  | !   |
|  | ly receiving medical care  | !   |
| <ul> <li>high blood</li> </ul>   | pressure   | !   |
|  | ellitus, even if controlled by diet alone  |   |
|  | r had or do you currently have   |   |
| Asthma, or w   | heezing with breathing, or wheezing with exercise?   | I   |

Frequent or severe attacks of hayfever or allergy?

Behavioral health, mental or psychological problems (Panic attack, fear of

Epilepsy, seizures, convulsions or take medications to prevent them? Recurring complicated migraine headaches or take medications to pre-

Frequent or severe suffering from motion sickness (seasick, carsick,

Blackouts or fainting (full/partial loss of consciousness)?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?
Pneumothorax (collapsed lung)?
Other chest disease or chest surgery?

closed or open spaces)?

vent them?

established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. 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 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 equalization 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 Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

| Please answer 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 these items apply to |
| you, we must request that you consult with a physician prior to participating in  |
| scuba diving. Your instructor will supply you with an RSTC Medical Statement and  |
| Guidelines for Recreational Scuba Diver's Physical Examination to take to your    |
| physician.  |

| Guide<br>physic | lines for Recreational Scuba Diver's Physical Examination to take to your<br>pian.      |
|-----------------|---|
|                 | 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.

Signature Date Signature of Parent or Guardian Date

## STUDENT

## Please print legibly. Name Mailing Address \_\_\_\_\_ State/Province/Region \_\_\_\_\_ City\_ Country \_\_\_ Zip/Postal Code Home Phone ( Business Phone ( FAX Email \_ Name and address of your family physician Clinic/Hospital Physician \_\_\_\_\_ Address Date of last physical examination \_\_\_\_\_ Name of examiner\_\_\_\_\_ Clinic/Hospital\_\_\_\_ Address \_ Email \_\_\_\_\_ Phone ( Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when?\_\_\_\_\_ **PHYSICIAN** This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference. **Physician's Impression** $\hfill \square$ I find no medical conditions that I consider incompatible with diving. ☐ I am unable to recommend this individual for diving. Remarks \_\_\_ Date \_\_\_\_ Physician's Signature or Legal Representative of Medical Practitioner Physician\_\_\_\_\_ Clinic/Hospital\_\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_ Phone (