Last | First | M.I. | Street

Date of Birth | City | State | Zip Code | Home Phone

SSI TRY SCUBA MEDICAL QUESTIONNAIRE

Please Read Carefully Before Signing

The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in the Try Scuba Diving program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to any in-water activities.

Diving is an exciting and demanding activity. When performed correctly, applying the correct techniques, it is very safe. However, when established safety procedures are not followed, there are dangers. Diving can even be strenuous under certain conditions. Therefore, you must not be out of condition or extremely overweight.

To safely scuba dive, your respiratory and circulatory systems must be in good health. This simply means that all body air spaces need to be normal. A person with heart trouble, a cold or congestion, epilepsy, asthma, severe medical problems or who is under the influence of alcohol or drugs should not dive. If you are taking medication, consult your physician and dive professional before participating in this program. If you have any additional questions regarding this Medical Questionnaire, review them with your dive professional before signing.

During this program, your dive professional will teach you important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury and you must be instructed in its use under the direct supervision of a qualified dive professional to use it safely.

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 request that you consult with a physician prior to participating in scuba diving. Your dive professional will supply you with a medical statement and guidelines for recreational scuba diver's physical examination to take to your physician.

__ Do you have a history of ear or sinus surgery?

__ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?

__ Are you presently experiencing any ear problems?

__ Ear infection?

__ Ear disease?

__ Loss of hearing?

__ Problems with balance?

__ Do you have a history of respiratory complications?

__ Severe hay fever?

__ Allergies?

__ Lung disease?

__ Have you had a collapsed lung (pneumothorax) or history of chest surgery?

__ Do you have active asthma or history of emphysema or tuberculosis?

__ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?

__ Do you have behavioral health, mental or psychological problems or a nervous system disorder?

__ Are you or could you be 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?

__ Are you over 45 and have a family history of heart attack or stroke?

__ 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 medications 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 of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)

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 (DD/MM/YY) | Signature of Parent or Guardian | Date (DD/MM/YY)