

# Diver Medical Questionnaire

The purpose of this Medical Questionnaire is to determine if you should be examined by and consult with your physician before participating in Freediving/Breath-Hold, Recreational Scuba and/or Extended Range ("XR") Technical Dive training. A positive ("YES") response to a question does not necessarily disqualify you from diving. A "YES" 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 participating in diving activities.

Please answer the questions below by writing in the word "YES" or "NO". If you are not sure, answer "YES". If any of these conditions apply to you, we request that you consult with a physician prior to participating in dive training. You must download the Guidelines for Recreational Scuba Diver's Physical Examination, the Medical Statement, this Medical Questionnaire and a Physician's Approval to Dive form to take to a physician. After you have consulted with a physician and the physician has completed and signed the Physician's Approval to Dive form, then provide the completed Dive Medical Questionnaire and Physician's Approval to Dive form to your instructor.

Could you be pregnant, or are you attempting to become pregnant?

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

Are you over 45 years of age and can answer yes to one or more of the following? (circle those that apply)

- currently smoke a pipe, cigars, or cigarettes
- have a high cholesterol level
- have a family history of heart attacks or strokes
- 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 Any Of The Following?

Asthma, or wheezing with breathing, or wheezing with exercise?

Frequent or severe attacks of hay fever or allergy?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?

Pneumothorax (collapsed lung)?

Other chest disease or chest surgery?

Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?

Epilepsy, seizures, convulsions or take medications to prevent them?

Recurring migraine headaches or take medications to prevent them?

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

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

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 medication 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 understand and agree that failure to disclose any existing or past medical condition may result in serious injury or death and I expressly assume any and all risks for any omissions I have made in disclosing an existing or past medical condition.