

# MEDICAL DECLARATION

## 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 programme offered.**

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, it is relatively safe. When 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 need to learn from the instructor the important safety rules regarding breathing and equalisation 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 History section, review them with your instructor before signing. In some cases, a diving medical is mandatory

## MEDICAL HISTORY

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

**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, you must ask ANDARK for a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician. If your GP cannot assist, ANDARK can recommend Dr David Adey of Woolston, Southampton on 023 8042 0467 (except in cases where your medical history is involved, as this will not be known to him). This must be presented to Andark before you commence your training.**

<input type="checkbox"/> Could you be pregnant or are you attempting to become pregnant?	<input type="checkbox"/> Dysentery or dehydration requiring medical intervention?
<input type="checkbox"/> Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)	<input type="checkbox"/> Any dive accidents or decompression sickness?
<input type="checkbox"/> Are you over 45 years of age <i>and</i> can answer YES to one or more of the following?	<input type="checkbox"/> Inability to perform moderate exercise (example: walk 1.6km/one mile within 12 minutes)?
<input type="checkbox"/> <ul style="list-style-type: none"><li>currently smoke a pipe, cigars, or cigarettes?</li></ul>	<input type="checkbox"/> Head injury with loss of consciousness in the past five years?
<input type="checkbox"/> <ul style="list-style-type: none"><li>have a high cholesterol level?</li></ul>	<input type="checkbox"/> Recurrent back problems?
<input type="checkbox"/> <ul style="list-style-type: none"><li>have a family history of heart attack or stroke?</li></ul>	<input type="checkbox"/> Back or spinal surgery?
<input type="checkbox"/> <ul style="list-style-type: none"><li>are currently receiving medical care?</li></ul>	<input type="checkbox"/> Diabetes?
<input type="checkbox"/> <ul style="list-style-type: none"><li>high blood pressure?</li></ul>	<input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture?
<input type="checkbox"/> <ul style="list-style-type: none"><li>Diabetes mellitus, even if controlled by diet alone?</li></ul>	<input type="checkbox"/> High blood pressure or take medicine to control blood pressure?
<b>Have you ever had or do you currently have ...</b>	<input type="checkbox"/> Heart disease?
<input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise?	<input type="checkbox"/> Heart attack?
<input type="checkbox"/> Frequent or severe attacks of hayfever or allergy?	<input type="checkbox"/> Angina, heart surgery or blood vessel surgery?
<input type="checkbox"/> Frequent colds, sinusitis or bronchitis?	<input type="checkbox"/> Sinus surgery?
<input type="checkbox"/> Any form of lung disease?	<input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance?
<input type="checkbox"/> Pneumothorax (collapsed lung)?	<input type="checkbox"/> Recurrent ear problems?
<input type="checkbox"/> Other chest disease or chest surgery?	<input type="checkbox"/> Bleeding or other blood disorders?
<input type="checkbox"/> Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?	<input type="checkbox"/> Hernia?
<input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them?	<input type="checkbox"/> Ulcers or ulcer surgery?
<input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them?	<input type="checkbox"/> A colostomy or ileostomy?
<input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)?	<input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years?
<input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc)?	

**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.**

Name _____	Signature _____
_____	Date _____
Signature of adult with parental responsibility (if student is under 18)	

**IMPORTANT NOTICE:** If you are learning to dive for purposes other than leisure, ie, as part of your job, and/or your employer is paying for you to learn as part of your job please tick box A. You may require a full HSE medical. If your course is strictly for leisure purposes then please tick box B

A  B

**IF YOU ANSWER YES TO ANY OF THE ABOVE YOU MUST HAVE A MEDICAL BEFORE STARTING THE COURSE**