





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

by	and
Instructor	
	located in the
Facility	
city of	_, state/province of
Medical Statement, which include enroll in the scuba training progra this Statement signed by a parent	to signing it. You must complete this s the medical questionnaire section, to m. If you are a minor, you must have to r guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When

Divers Medical QuestionnaireTo the Participant:

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 preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Any dive ad
Inability to
within 12 m
Head injury
Recurrent b
Back or spi
Diabetes?
Back, arm
High blood
Heart disea
Heart attac
Angina, he
Sinus surge
Ear disease
Recurrent e
Bleeding or
Hernia?

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)?

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.

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	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

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

years?

vent them?