



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

Diver Medical Statement and Questionnaire

Please read this Medical Statement carefully before completing the Diver Medical Questionnaire. This Medical Statement informs you of some potential risks involved in Freediving/Breath-Hold, Recreational Scuba and Extended Range ("XR") Technical Diving. You must complete and sign the Medical Questionnaire to enroll in and participate in the dive training program. If you are a minor, your parent or guardian must sign the Medical Questionnaire.

Diving is an exciting and demanding activity. When performed cautiously, applying correct techniques, and using proper equipment, diving is relatively safe. When proper diving procedures are not followed the risk of an accident resulting in potentially serious injury, illness and even death increases. To dive comfortably and confidently you need to be reasonably fit and not extremely overweight. Diving can be strenuous even under the best conditions. Your respiratory and circulatory systems must be in good health. All your body's air spaces must be normal and healthy. A person with severe coronary disease, epilepsy, a current cold or congestion, or other medical contraindications should not dive. Do NOT dive if under the influence of alcohol, marijuana (or any substance containing THC), amphetamines, cocaine, methamphetamines, opioids of any type (oxycodone, sufentanil, heroin, fentanyl), hallucinogens (LSD, psilocybin mushrooms), flunitrazepam (roofies), GHB (ecstasy) or Ketamine. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your physician before participating in this program. If your future medical condition changes such that you would answer "YES" to any of the medical questions in the future, then you should consult your physician before diving. You are responsible for maintaining appropriate health and fitness to dive.

During dive training you will learn important rules and techniques regarding breathing and equalization while diving. It is essential you follow those rules and techniques for your well-being. Improper dive technique, improper use of dive equipment and improper breathing may cause serious injury or death. You must be thoroughly instructed in how to dive under the direct supervision of a qualified instructor before attempting to dive in the absence of an instructor.

If you have any questions regarding this Medical Statement or the Medical Questionnaire, review them with your instructor and physician before signing. If at any time during your dive training, you do not feel well or your medical condition has changed since you completed the Medical Questionnaire, then you should inform your instructor and refrain from diving.

Many divers have common conditions that benefit from specialized equipment such as masks with corrective lenses for those who wear glasses or contacts, and custom fit mouthpieces for those who have dental issues or TMJ (temporomandibular joint) issues. Ask your instructor if you think you would be more comfortable diving with these types of specialized dive equipment.

Many private and corporate personal medical policies, and even international travel insurance policies, consider diving a hazardous recreational activity, and will not provide coverage or reimburse hyperbaric chamber, outpatient expenses, or emergency transportation related to injuries while diving. These treatments can be expensive and time-consuming, and often have large out-of-pocket deductibles, co-pays, or no coverage at all. For this reason, SSI strongly recommends purchasing an additional insurance plan that specifically covers diving-related emergencies, emergency transport, and medical treatments. These policies are available through a variety of third-party providers, and should be obtained prior to any in-water training or travel related to diving.

Emergency Contact

Name

Cell Phone

Relationship

Email



First Name

Last Name

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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?

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

_____ High blood pressure or take medication to control blood pressure?

_____ Frequent or severe attacks of hay fever or allergy?

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

_____ Heart disease?

_____ Frequent colds, sinusitis or bronchitis?

_____ Dysentery or dehydration requiring medical intervention?

_____ Heart attack?

_____ Any form of lung disease?

_____ Any dive accidents or decompression sickness?

_____ Angina, heart surgery or blood vessel surgery?

_____ Pneumothorax (collapsed lung)?

_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

_____ Sinus surgery?

_____ Other chest disease or chest surgery?

_____ Head injury with loss of consciousness in the past five years?

_____ Ear disease or surgery, hearing loss or problems with balance?

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

_____ Recurrent back problems, back or spinal surgery?

_____ Recurrent ear problems?

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

_____ Diabetes?

_____ Bleeding or other blood disorders?

_____ Recurring migraine headaches or take medications to prevent them?

_____ Back, arm or leg problems following surgery, injury or fracture?

_____ 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.

Participant's Name (Print)

Participant's Signature

Date (DD/MM/YY)

Print Name of Parent/Guardian (When Applicable)

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)