

Appendix 3: Medical declaration for entry-level certificate divers

Participant details

Name _____ Birth date _____ Age _____
Mailing address _____
City _____ State/Province/Region _____
Country _____ Zip/Postal code _____
Home phone () _____ Mobile phone () _____
Email _____
Height (in metres) _____ Weight (in kilograms) _____ BMI* _____
Waist circumference (in cm, measured around belly button) _____

* BMI = weight / (height x height)

Please read carefully before signing

This is a declaration in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the entry-level recreational diving certificate training program. Your signature on this statement is required for you to participate in the training.

Read this statement prior to signing it. You must complete this declaration, which includes the medical questionnaire section, to enrol in the training. If you are a minor, you must have this declaration 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 have an appropriate level of physical fitness and not be extremely overweight. 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.

You will 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 declaration or the Medical Questionnaire section, review them with your instructor before signing.

Participant medical questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in entry-level recreational diving certificate 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 a medical practitioner, preferably with experience in diving medicine, prior to engaging in dive activities.

Please answer the following questions on your past and present medical history by ticking **YES** or **NO**. If you are not sure, tick **YES**. If any of these items apply to you, you must be assessed by a medical practitioner prior to participating in training. To undertake recreational diver entry level certificate training, the medical practitioner must issue you with a dive medical certificate that states that you are fit to undertake recreational diver training.

Participant Name _____ Birthdate _____
 (Print) (dd/mm/yyyy)

Could you be pregnant?	YES	NO
1. Are you presently taking prescription medications? (with the exception of birth control or anti-malarial medication)		
2. Are you over 45 years of age?		
3. Is your BMI over 30 AND your waist circumference greater than 102 cm for males and 88 cm for females?		

Have you ever had or do you currently have:

	YES	NO
4. Asthma, or wheezing with breathing, or wheezing with exercise?		
5. Frequent or severe attacks of hayfever or allergy?		
6. Frequent colds, sinusitis or bronchitis?		
7. Any form of lung disease or COVID-19?		
8. Pneumothorax (collapsed lung)?		
9. Other chest disease or chest surgery?		
10. Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?		
11. Epilepsy, seizures, convulsions or take medications to prevent them?		
12. Recurring complicated migraine headaches or take medications to prevent them?		
13. Blackouts or fainting (full/partial loss of consciousness)?		
14. Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?		
15. Dysentery or dehydration requiring medical intervention?		
16. Any dive accidents or decompression sickness?		
17. Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?		
18. Head injury with loss of consciousness in the past five years?		
19. Recurrent back problems?		
20. Back or spinal surgery?		
21. Diabetes?		
22. Back, arm or leg problems following surgery, injury or fracture?		
23. High blood pressure or take medicine to control blood pressure?		
24. Heart disease?		
25. Angina, heart surgery or blood vessel surgery?		
26. Heart attack?		
27. Sinus surgery?		
28. Ear disease or surgery, hearing loss or problems with balance?		
29. Recurrent ear problems?		
30. Bleeding or other blood disorders?		

Participant Name _____ Birthdate _____
 (Print) (dd/mm/yyyy)

31. Hernia?		
32. Ulcers or ulcer surgery?		
33. A colostomy or ileostomy?		
34. 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 agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

 Signature of participant Date

 Name of Parent or Guardian (if applicable) Signature Relationship Date

Training providers details

This section is to be completed and signed by the training provider.

Business name of training provider _____

Business address _____

City _____ State _____ Post Code _____

Phone () _____ Email _____

Has the participant answered **YES** or left blank any of the participant medical questions?

If **YES** then the participant requires a dive medical certificate certifying that the person is medically fit to dive.

 Name Signature Position Date

Physician's Use Only

The above-named participant requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

_____ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

_____ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

 Physician's Signature Date (dd/mm/yyyy)

 Physician's Name (Print) Specialty

Clinic/Hospital _____

Address _____

Phone _____ Email _____