MEDICAL STATEMENT

UK Trip 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 whilst scuba diving. Your signature on this statement is required for you to participate in the trip

by **Professional Staff of NHDC** and
Instructor

New Horizons Dive Centre located in the
Facility

city of **Macclesfield**, state/province of **Cheshire**.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to Participate in this trip. 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 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.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diving. 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.

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.

____ 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?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- 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…

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

____ Frequent or severe attacks of hayfever 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 complicated 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 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 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	Date	Signature of Parent or Guardian	Date

Please print legibly.

Name_____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City_____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone ( )_____ Business Phone ( )_____

Email _____ FAX_____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address_____

Date of last physical examination _____

Name of examiner_____ Clinic/Hospital_____

Address _____

Phone ( )_____ Email _____

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when?_____

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks _____

_____

_____

_____ Date _____
Physician's Signature or Legal Representative of Medical Practitioner Day/Month/Year

Physician_____ Clinic/Hospital_____

Address_____

Phone ( )_____ Email _____