

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 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.

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.

_____ 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...

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| — Asthma, or wheezing with breathing, or wheezing with exercise? | — Head injury with loss of consciousness in the past five years? |
| — Frequent or severe attacks of hayfever or allergy? | — Recurrent back problems? |
| — Frequent colds, sinusitis or bronchitis? | — Back or spinal surgery? |
| — Any form of lung disease? | — Diabetes? |
| — Pneumothorax (collapsed lung)? | — Back, arm or leg problems following surgery, injury or fracture? |
| — Other chest disease or chest surgery? | — High blood pressure or take medicine to control blood pressure? |
| — Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? | — Heart disease? |
| — Epilepsy, seizures, convulsions or take medications to prevent them? | — Heart attack? |
| — Recurring complicated migraine headaches or take medications to prevent them? | — Angina, heart surgery or blood vessel surgery? |
| — Blackouts or fainting (full/partial loss of consciousness)? | — Sinus surgery? |
| — Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? | — Ear disease or surgery, hearing loss or problems with balance? |
| — Dysentery or dehydration requiring medical intervention? | — Recurrent ear problems? |
| — Any dive accidents or decompression sickness? | — Bleeding or other blood disorders? |
| — Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? | — Hernia? |
| | — Ulcers or ulcer surgery ? |
| | — A colostomy or ileostomy? |
| | — Recreational drug use or treatment for, or alcoholism in the past five years? |