



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 Discover Scuba Diving program. Your signature on this statement is required in order to participate in the Discover Scuba Diving program offered by _____ (instructor) at **Orpheus Island Resort**.

Read and discuss this statement prior to signing it. You must complete this Discover Scuba Diving Medical Statement, which includes the medical history section, to enroll in the Discover Scuba Diving program. If you are under the age of 18, you must have this Discover Scuba Diving Medical Statement signed by a parent or guardian.

Scuba diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor and the instructor before participating in this program.

You will also need to 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 the direct supervision of a qualified instructor to use it safely. If you have any additional questions regarding this Discover Scuba Diving Medical Statement, review them with your instructor before signing.

MEDICAL HISTORY

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational scuba diving. 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 your physician.

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 currently aged 55 or more years?
- Do you regularly take prescription or non-prescription medications (with the exception of birth control)?
- Are you over the age of 45 years and have one or more of the following
 - Currently smoke a pipe, cigars, or cigarettes
 - Have a high cholesterol level
 - Have a family history of heart attacks or strokes
- Have you ever had or are you currently suffering from any of the following conditions.....**
 - Asthma, wheezing or breathlessness with exercise?
 - Frequent or severe attacks of hay fever or allergy?
 - Frequent colds, sinusitis or bronchitis?
 - Tuberculosis or other long term lung disease?
 - Pneumothorax (collapsed lung)?
 - History of chest surgery?
 - Claustrophobia or agoraphobia (fear of closed or open spaces)?
 - Behavioral health problems?
 - Epilepsy, seizures, convulsions or take medications to prevent them?
 - Recurring migraine headaches or take medications to prevent them?
 - Brain spinal cord or nervous disorder?
 - Do you frequently suffer from motion sickness (seasick, carsick, etc.)?
 - History of diving accidents or decompression sickness?
 - History of diabetes?
 - History of recurrent back problems?
 - History of back surgery?
 - History of back, arm or leg problems following surgery, injury or fracture?
 - Inability to perform moderate exercise (example: walking one mile/ 1.7km within 12 minutes)?
 - History of high blood pressure or take medication to control blood pressure?
 - History of any heart disease?
 - History of any heart attacks?
 - Angina or heart surgery or blood vessel surgery?
 - History of ear or sinus surgery?
 - History of ear disease, chronic discharge or infection, perforated eardrum, hearing loss or problems with balance?
 - History of problems equalizing (popping) ears with airplane or mountain travel?
 - History of bleeding or other blood disorders?
 - History of any type of hernia?
 - History of ulcers or ulcer surgery?
 - History of colostomy?
 - History of blackouts or fainting (full/partial loss of consciousness)?
 - Any other illness or operation within the last month? If so what _____
 - History of drug or alcohol abuse?
 - Have you ingested any alcohol drugs or medication within the 8 hours prior to diving?
 - Do you understand that concealment of any condition incompatible with safe diving might put your life of health at risk?

This information I have provided about my medical history is true and accurate to the best of my knowledge.

Participant Signature _____ Date _____

Witness Signature _____ Date _____

Parent/Guardian Signature _____ Date _____