





MEDICAL STATEMENT

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 during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by		and spaces must be normal and healthy. A person with coronary disease, a	
Instructor Iocated in the Facility		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 tak- ing medications on a regular basis, you should consult your doctor and	
city o	f, state/province of	the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the	
enroll this S	Read this statement prior to signing it. You must complete this cal Statement, which includes the medical questionnaire section, in the scuba training program. If you are a minor, you must have statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed ctly, applying correct techniques, it is relatively safe. When	important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. Yo 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.	
	vers Medical Questionnaire		
The point in the p	ne Participant: urpose of this Medical Questionnaire is to find out if you should be exam y your doctor before participating in recreational diver training. A positive use to a question does not necessarily disqualify you from diving. A positive means that there is a preexisting condition that may affect your safel diving and you must seek the advice of your physician prior to engaging ctivities.	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	
	Could you be pregnant, or are you attempting to become pregnant?	Dysentery or dehydration requiring medical intervention?	
	Are you presently taking prescription medications? (with the exception	of Any dive accidents or decompression sickness?	
	birth control or anti-malarial) Are you over 45 years of age and can answer YES to one or more of	Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?	
	following?	Head injury with loss of consciousness in the past five years?	
	 currently smoke a pipe, cigars or cigarettes have a high cholesterol level 	Recurrent back problems?	
	 have a family history of heart attack or stroke 	Back or spinal surgery?	
	 are currently receiving medical care high blood pressure	Diabetes?	
	diabetes mellitus, even if controlled by diet alone	Back, arm or leg problems following surgery, injury or fracture?	
Hav	e you ever had or do you currently have	High blood pressure or take medicine to control blood pressure?	
	Asthma, or wheezing with breathing, or wheezing with exercise?	Heart disease?	
	Frequent or severe attacks of hayfever or allergy?	Heart attack?	
	Frequent colds, sinusitis or bronchitis?	Angina, heart surgery or blood vessel surgery?	
	Any form of lung disease?	Sinus surgery?	
	· · · · · · · · · · · · · · · · · · ·	Ear disease or surgery, hearing loss or problems with balance?	
		Recurrent ear problems?	
	Behavioral health, mental or psychological problems (Panic attack, fea closed or open spaces)?	ar of Bleeding or other blood disorders?	
	Epilepsy, seizures, convulsions or take medications to prevent them?	Hernia?	
	Recurring complicated migraine headaches or take medications to pre	Ulcers or ulcer surgery ?	
	vent them?		

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 nd healthy. A person with coronary disease, a , epilepsy, a severe medical problem or who is ohol or drugs should not dive. If you have her chronic medical conditions or you are taklar basis, you should consult your doctor and cipating in this program, and on a regular basis n. You will also learn from the instructor the arding breathing and equalization while scuba cuba equipment can result in serious injury. You cted in its use under direct supervision of a it safely.

ou consult with a physician prior to participating in will supply you with an RSTC Medical Statement and Scuba Diver's Physical Examination to take to your ation requiring medical intervention? or decompression sickness? oderate exercise (example: walk 1.6 km/one mile of consciousness in the past five years? lems? ry? blems following surgery, injury or fracture? or take medicine to control blood pressure? y or blood vessel surgery? ery, hearing loss or problems with balance? ms? od disorders? ery? A colostomy or ileostomy? Recreational drug use or treatment for, or alcoholism in the past five

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

years?

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

Frequent or severe suffering from motion sickness (seasick, carsick,