

## MEDICAL STATEMENT - (Confidential - RSTC guidelines)

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

\_\_\_\_\_ and \_\_\_\_\_ in \_\_\_\_\_  
Facility Instructor City/Country

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enrol in the scuba training program. 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

### Please read carefully before signing.

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 pre-existing 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.

Category	Questions	YES NO
General	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)	
If you are over 45 years	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 o odd you currently have :	Asthma, or wheezing with breathing, or wheezing with exercise?	
	Angina, heart surgery or blood vessel surgery?	
	Frequent or severe attacks of hay fever or allergy?	
	Sinus surgery?	
	Frequent colds, sinusitis or bronchitis?	
	Ear disease or surgery, hearing loss or problems with balance?	
	Any form of lung disease?	
	Recurrent ear problems?	
	Pneumothorax (collapsed lung)?	
	Bleeding or other blood disorders?	
	Other chest disease or chest surgery?	
	Hernia?	
	Recurring back problems?	
	Diabetes?	
	High blood pressure or take medicine to control blood pressure?	
	Heart attack?	
	Heart disease?	
	Ulcers or ulcer surgery ?	
	Epilepsy, seizures, convulsions or take medications to prevent them?	
	A colostomy or ileostomy?	
	Recurring complicated migraine headaches or take medications to prevent them?	
	Recreational drug use or treatment for, or alcoholism in the past five years?	
	Blackouts or fainting (full/partial loss of consciousness)?	
	Head injury with loss of consciousness in the past five years?	
	Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?	
	Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 min.)?	
	Dysentery or dehydration requiring medical intervention?	
	Any dive accidents or decompression sickness?	
	Back or spinal surgery?	
	Back, arm or leg problems following surgery, injury or fracture?	
Behavioural health, mental or psychological problems (fear of closed or open spaces)?		

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