

Divers Medical Questionnaire

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 may wish to seek the advice of your physician prior to engaging in dive activities. If established safety procedures are not followed, however, there are increased risks.

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 request that you consult with a physician prior to participating in scuba diving.

Full Name *

Are you doing an Openwater Course *

Yes No

Could you be pregnant, or are you attempting to become pregnant? *

Yes No

Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) *

Yes No

Are you under the age of 18 years of age or Over 45 Years of Age? *

Yes No

Have a BMI over 30 and a waist circumference greater than 102cm for males and 88cm for Females *

Yes No

Are currently receiving medical care? *

Yes No

Have you ever had or do you currently have...

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

Yes No

Frequent or severe attacks of hayfever or allergy? *

Yes No

Any form of lung disease? *

Yes No

Pneumothorax (collapsed lung)? *

- Yes No

Other chest disease or chest surgery? *

- Yes No

Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? *

- Yes No

Epilepsy, seizures, convulsions or take medications to prevent them? *

- Yes No

Recurring complicated migraine headaches or take medications to prevent them? *

- Yes No

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

- Yes No

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? *

- Yes No

Dysentery or dehydration requiring medical intervention? *

- Yes No

Any dive accidents or decompression sickness? *

- Yes No

Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)? *

- Yes No

Head injury with loss of consciousness in the past five years? *

- Yes No

Recurrent back problems? *

- Yes No

Back or spinal surgery? *

- Yes No

Diabetes? *

- Yes No

Back, arm or leg problems following surgery, injury or fracture? *

- Yes No

High blood pressure or take medicine to control blood pressure? *

- Yes No

Heart disease? *

- Yes No

Heart attack? *

- Yes No

Angina, heart surgery or blood vessel surgery? *

- Yes No

Sinus surgery? *

- Yes No

Ear disease or surgery, hearing loss or problems with balance? *

- Yes No

Recurrent ear problems? *

- Yes No

Bleeding or other blood disorders? *

- Yes No

Hernia? *

- Yes No

Ulcers or ulcer surgery? *

- Yes No

A colostomy or ileostomy? *

- Yes No

Recreational drug use or treatment for, or alcoholism in the past five years? *

- Yes No

Mandatory Disclosure *

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.

Submit