

# Medical Form for Prospective Recreational SCUBA Divers

Please complete the first two pages and remember to sign and date the bottom of Page 2 before returning this form to reception. If you are unsure of an answer, leave the box blank and the examining doctor will discuss it with you.

1. Surname		Other Names		3. Date of Birth	
2. Address				4. Sex: Male Female	
7. Principal Occupation		8. Intended Dive School		5. Telephone (Home)	
				6. Telephone (Work)	
9. Do you participate in any regular physical activity?				Yes	No
10. Description of activity					
11. Do you smoke?				Yes	No
12. Do you drink alcohol?				Yes	No
13. How many drinks a week?					
14. Are you taking any tablets, medicines or drugs? List:				Yes	No
15. Do you have any allergies? Details:				Yes	No
16. Have you had any reactions to drugs or medicines or foods? Details:				Yes	No

**Have you ever had or do you now have any of the following? Tick Yes or No.**

	yes	no
17. Previous diving medical		
18. Prescription glasses		
19. Contact lenses		
20. Eye or visual problems		
21. Hay fever		
22. Sinusitis		
23. Other nose or throat problem		
24. Dentures/plates, etc		
25. Recent dental procedures		
26. Deafness or ringing noise in ear(s)		
27. Discharging ears or other infections		
28. Operation on ears		
29. Giddiness or loss of balance		
30. Severe motion sickness		
31. Seasickness medication		
32. Problems when flying in aircraft		
33. Severe or frequent headaches		
34. Migraine		
35. Fainting or blackouts		
36. Convulsions, fits or epilepsy		
37. Unconsciousness		
38. Concussion or head injury		
39. Sleep-walking		
40. Severe depression		
41. Claustrophobia		
42. Mental illness		
43. Heart disease		
44. Abnormal blood test		
45. ECG (heart tracing)		
46. Consciousness of your heartbeat		
47. High blood pressure		
48. Rheumatic fever		
49. Discomfort in your chest with exertion		
50. Short of breath on exertion		
51. Bronchitis or pneumonia		
52. Pleurisy or severe chest pain		
53. Coughing up phlegm or blood		

**Doctor's Notes**

**Please continue on to Page 2**

	yes	no
54. Chronic or persistent cough		
55. TB		
56. Pneumothorax ("collapsed lung")		
57. Frequent chest colds		
58. Asthma or wheezing		
59. Use a puffer		
60. Other chest complaint		
61. Operation on chest, lungs or heart		
62. Indigestion, peptic ulcer or acid reflux		
63. Vomiting blood or passing red or black motions		
64. Recurrent vomiting or diarrhoea		
65. Jaundice, hepatitis or liver disease		
66. Malaria or other tropical disease		
67. Severe loss of weight		
68. Hernia or rupture		
69. Major joint or back injury		
70. Limitation of movement		
71. Fractures (broken bones)		
72. Paralysis or muscle weakness		
73. Kidney or bladder disease (cystitis)		
74. Any chronic disease (see note below)		
75. Syphilis		
76. Diabetes		
77. Blood disease or bleeding problem		
78. Skin disease		
79. Contagious disease		
80. Operations		
81. In hospital for any reason		
82. Life insurance rejected		
83. A job or license refused on medical grounds		
84. Unable to work for medical reasons		
85. An invalid pension		
86. Other illness or injury or medical conditions		
<b>Have any blood relations had</b>		
87. Heart disease		
88. Asthma or chest disease		
89. TB		
<b>Females only</b>		
90. Are you now pregnant or planning to be?		
91. Do you have any incapacity during periods?		

**Doctor's Notes**

92. Date of most recent chest x-ray		
<b>Previous Diving Experience, tick Yes or No.</b>	yes	no
93. Can you swim?		
94. Have you ever had any problem during or after swimming or diving?		
95. Have you ever had to be rescued?		
96. Do you snorkel dive regularly?		
97. Have you tried scuba diving before?		
98. Have you had previous formal scuba training?		

- 99. Year trained \_\_\_\_\_
- 100. Approximate number of dives \_\_\_\_\_
- 101. Maximum depth of any dives m/feet \_\_\_\_\_
- 102. Longest duration of any dive mins \_\_\_\_\_

I certify that the above information is true and compete to the best of my knowledge and I hearby authorise Dr.....to give medical opinion as to my fitness, or temporary or permanent unfitness to dive to my diving instructor. I also authorise him or her to obtain or supply medical information regarding me to other doctors as may be necessary for medical purposes in my personal interest.

**Signed:**

**Date:**        /        /

**Note**

Any chronic disease, such as hepatitis B, hepatitis C, AIDS or tuberculosis, may increase your risks from diving. If you have a chronic disease please discuss it with the doctor who will then be able to advise you whether you will be at increased risk.

**Thank you for completing the questionnaire.**

**Please ensure you have signed the form, then return it to reception. A urine test will also be required.**