

## Divers Medical Questionnaire

To the Participant:

The purpose of this questionnaire is to find out if you should be examined by a 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 need to seek the advice of a doctor prior to engaging in diving activities.

Please answer the following questions on your past or present medical history with a YES or NO.

1	Could you be pregnant or attempting to become pregnant	13	Any diving accidents or decompression sickness
2	Are you currently under medication	14	Head injury with the loss of consciousness in the past 5 years
3	Are you over the age of 45 and can answer yes to any of the following:	15	Recurrent back problem
	Currently smoke	16	Back or spinal injury
	Currently receiving medical care	17	Diabetes
	Have high cholesterol	18	Back , arm or leg surgery in the past year
	Have a family history of heart attack, stroke.	19	High blood pressure or take medication to control high blood pressure
	Have diabetes mellitus, even if controlled by diet	20	Heart attack
	<b><u>HAVE YOU EVER HAD</u></b>	21	Angina , heart surgery or blood vessel surgery
4	Asthma	22	Recent sinus surgery
5	Severe attacks of hay fever	23	Ear surgery , hearing loss or problems with balance
6	Frequent colds , sinusitis or Bronchitis	24	Recurrent ear problems
7	Any form of lung disease or collapsed lung	25	Hernia
8	Other chest disease or surgery	26	bleeding or blood disorders
9	Behavioural health , mental or psychological problems	27	Ulcer or ulcer surgery
10	Epilepsy or seizures	28	A colostomy or ileostomy
11	Recurring migraine headaches	29	Recreational drug use or alcoholism in the the past 5 years.
12	Blackouts or fainting	30	Dysentery requiring medical intervention

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

Signature

Date