



Medical declaration for divers

Participant details

Name _____ Birth date _____ Age _____ Male/ Female _____

Address _____

City _____ State/Province/Region _____

Country _____ Zip/Postal code _____

Postal Address _____

(if different to home address)

City _____ State/Province/Region _____

Country _____ Zip/Postal code _____

Home phone () _____ Mobile phone () _____

Email _____

Height (in metres) _____ Weight (in kilograms) _____ BMI* _____

* BMI = weight / (height x height)

Waist circumference (in cm, measured around belly button) _____

Certification Agency: _____ Certification Date: _____ Cert No: _____

Certification Level: _____ Total Dives To Date: _____ Date of Last Dive: _____

Number of Dives in the Last 12 Months: _____

Note: If you have not dived within the last 12 months, you will be required to complete a refresher dive with a member of our team before participating in any dives

Please read carefully before signing

This is a declaration in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the entry-level recreational diving certificate training program. Your signature on this statement is required for you to participate in the training.

Read this statement prior to signing it. You must complete this declaration, which includes the medical questionnaire section, to enrol in the training. If you are a minor, you must have this declaration 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 have an appropriate level of physical fitness and not be extremely overweight. 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.

You will learn from the instructor the important safety rules regarding breathing and equalisation 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 declaration or the Medical Questionnaire section, review them with your instructor before signing.

Participant medical questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in entry-level recreational diving certificate 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 a medical practitioner, preferably with experience in diving medicine, prior to engaging in dive activities.

Please answer the following questions on your past and present medical history by ticking **YES** or **NO**. If you are not sure, tick **YES**. If any of these items apply to you, you must be assessed by a medical practitioner prior to participating in training. To undertake recreational diver entry level certificate training, the medical practitioner must issue you with a dive medical certificate that states that you are fit to undertake recreational diver training.

	YES	NO
1. Could you be pregnant?		
2. Are you presently taking prescription medications? (with the exception of birth control or anti-malarial medication)		
3. Are you over 45 years of age?		
4. Is your BMI over 30 AND your waist circumference greater than 102 cm for males and 88 cm for females?		

Have you ever had or do you currently have:

	YES	NO
5. Asthma, or wheezing with breathing, or wheezing with exercise?		
6. Frequent or severe attacks of hayfever or allergy?		

7. Frequent colds, sinusitis or bronchitis?		
8. Any form of lung disease?		
9. Pneumothorax (collapsed lung)?		
10. Other chest disease or chest surgery?		
11. Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?		
12. Epilepsy, seizures, convulsions or take medications to prevent them?		
13. Recurring complicated migraine headaches or take medications to prevent them?		
14. Blackouts or fainting (full/partial loss of consciousness)?		
15. Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?		
16. Dysentery or dehydration requiring medical intervention?		
17. Any dive accidents or decompression sickness?		
18. Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?		
19. Head injury with loss of consciousness in the past five years?		
20. Recurrent back problems?		
21. Back or spinal surgery?		
22. Diabetes?		

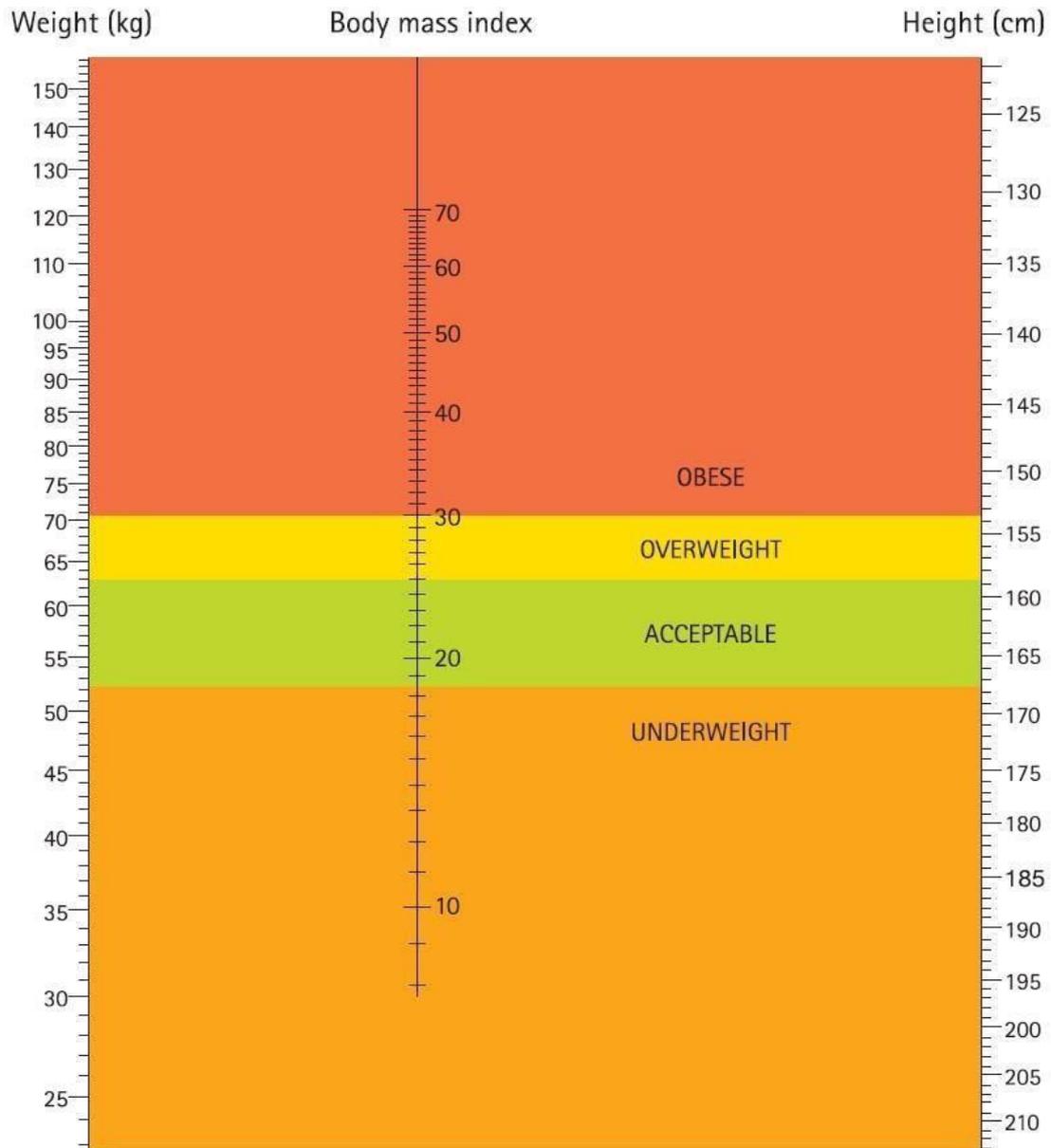


Cert No: _____

CERTIFICATION CARD SIGHTED BY:

(LIZARD ISLAND DIVE STAFF)

Body mass index chart



Place a ruler between your weight in kilograms at left and the body height in centimetres (without shoes) at right.

The body mass index is read from the middle scale.