

PRE-DIVE MEDICAL FORM FOR PROSPECTIVE ENTRY-LEVEL SCUBA DIVERS

THE FIRST THREE PAGES ARE TO BE COMPLETED BY THE CANDIDATE

Surname	Other Names	Date of birth
Address		Sex: Male Female
Principal Occupation	Telephone (Home)	Telephone (Work)
Do you participate in any regular physical activity?		Yes No
Description of activity:		
Do you smoke?		Yes No
Do you drink alcohol?		Yes No How many drinks per week?
Are you taking any tablets or medicines or drugs?		Yes No
List:		
Do you have any allergies?		Yes No
Details:		
Have you ever had any reactions to medicines or foods?		Yes No
Details:		

HAVE YOU EVER HAD OR DO YOU NOW HAVE ANY OF THE FOLLOWING?

	Tick Yes or No.		Notes on History
	YES	NO	
Previous diving medical			
Prescription glasses			
Eye or visual problems			
Hay fever			
Sinusitis			
Other nose or throat problem			
Dentures / Plates etc.			
Recent dental procedures			
Deafness or ringing tones in ear(s)			
Discharging ears or other infections			
Operation on ears			
Giddiness or loss of balance			
Severe motion sickness			
Seasickness medication			
Problems when flying in aircraft			
Severe or frequent headaches			
Migraine			
Fainting or blackouts			
Convulsions, fits or epilepsy			
Unconsciousness			
Concussion or head injury			
Sleep walking			
Severe depression			
Claustrophobia			
Mental illness			
Abnormal blood test			
ECG (Heart tracing)			
Consciousness of your heart beat			

High blood pressure		
Rheumatic fever		
Discomfort in your chest with exertion		
Short of breath on exertion		
Bronchitis or pneumonia		
Pleurisy or severe chest pain		
Coughing up phlegm or blood		
Chronic or persistent cough		
TB (Tuberculosis)		
Pneumothorax (“Collapsed lung”)		
Frequent chest colds		
Asthma or wheezing		
Use a puffer		
Other chest complaint		
Operation on chest, heart or lungs		
Indigestion, peptic ulcer or acid reflux		
Vomiting blood or passing red or black motions		
Recurrent vomiting or diarrhoea		
Jaundice, hepatitis, or liver disease		
Malaria or other tropical disease		
Severe loss of weight		
Hernia or rupture		
Major joint or back injury		
Limitation of movement		
Fractures (broken bones)		
Paralysis or muscle weakness		
Kidney or bladder disease		
Any chronic disease (see note below)		
Syphilis		
Diabetes		
Blood disease or bleeding problem		
Skin disease		
Contagious disease		
Operations		
In hospital for any reason		
Life insurance rejected		
A job or license refused on medical grounds		
Unable to work for medical reasons		
An invalid pension		
Other illness or injury or any other medical conditions		

HAVE ANY BLOOD RELATIONS HAD:

Heart disease		
Asthma or chest disease		
TB (Tuberculosis)		

FEMALES ONLY

Are you now pregnant or are you planning to be?		
Do you have any incapacity during periods?		

Date of most recent chest X-Ray:

PREVIOUS DIVING EXPERIENCE	YES	NO
Can you swim?		
Have you ever had any problem during or after swimming or diving?		
Have you ever had to be rescued?		

Do you snorkel-dive regularly?		
Have you tried SCUBA diving before?		
Have you had any previous formal SCUBA training?		
Year trained:		
Approximate number of dives:		
Maximum depth of any dive:		
Longest duration of any dive:		

I certify that the above information is true and complete to the best of my knowledge and I hereby 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 A, B, C, HIV (AIDS), Tuberculosis (TB), may increase your risks from diving. If you have any chronic disease please discuss it with your doctor who will then be able to advise you whether you will be at increased risk.