



Diver's Medical Evaluation Form and Instructions **Please read carefully before signing**

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by:

Dive Week Inc. dba Discover Diving located in the village of Depew, New York. and
NAUI Instructors: Darryl Edmiston (19630) Nicholas De Filippo (41092) Ronald Schumacher (55526) Gary Dillsworth (57459) James Gauthier (33924) David Wierzba (46736) Arthur Becker-Weidman (54876) Richard Scott Brown (52828) Gary McLouth (41199) Gregory Collins (39347)

NAUI Dive Masters: Jason Wujek (58406) Robert Noble (57024)

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement 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 not be extremely overweight or out of condition. 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. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization 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 Medical Statement or the Medical Questionnaire section, please review them with your instructor before signing.

Diver's Medical Questionnaire

To the Participant: 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 must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on the next page regarding your past or present medical history with a YES (Y) or NO (N). If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

If at any time during your dive training your medical condition changes, you must notify your NAUI Instructor immediately and complete a new Medical History Form.

Diver's Medical Questionnaire

Name: _____

Date of Birth: _____

Have you ever had or do you currently have (Y/N):

- _____ Could you be pregnant, or are you attempting to become pregnant?
- _____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- _____ Are you over 45 years of age **and** can answer YES to one or more of the following?
 - _____ currently smoke a pipe, cigars or cigarettes
 - _____ you are currently receiving medical care
 - _____ you have a family history (in blood relatives) of heart attack or stroke
 - _____ you have been diagnosed with either a high cholesterol level or diabetes mellitus even if controlled by diet alone?
- _____ Have you ever been told you have high blood pressure (or do you take medicine for high blood pressure)?
- _____ Have you ever had a "heart attack", heart surgery or blood vessel surgery?
- _____ Do you experience chest pain/discomfort or excessive/unexplained shortness of breath or fatigue associated with exercise?
- _____ Do you struggle to perform moderate exercise (example: walk 1 mile in 12 minutes)?

To your current knowledge, has a close "blood" relative ever been told that you/they suffer from:

- _____ A cardiomyopathy
- _____ Long QT syndrome
- _____ Marfan's syndrome or
- _____ A heart rhythm problem that limits exercise, causes fainting or needs a pacemaker?

_____ Are you presently taking prescription medicines? If yes, please list below:

Have you ever had or do you currently have (Y/N):

- _____ Asthma, or wheezing with breathing, or wheezing with exercise? Frequent or severe attacks of hay fever or allergy?
- _____ Frequent colds, sinusitis or bronchitis?
- _____ Any form of lung disease?
- _____ Pneumothorax (collapsed lung)?
- _____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
- _____ Epilepsy, seizures, convulsions or take medications to prevent them? Recurring complicated migraine headaches or take medications to prevent them?
- _____ Blackouts or fainting (full/partial loss of consciousness)?
- _____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- _____ Dysentery or dehydration requiring medical intervention?
- _____ Any dive accidents or decompression sickness
- _____ Inability to perform moderate exercise (example: walk 1.6km/one mile within 12 mins.)?
- _____ Head injury with loss of consciousness in the past five years?
- _____ Recurrent back problems?
- _____ Diabetes?
- _____ Back, arm or leg problems following surgery, Injury or fracture?
- _____ Sinus surgery?
- _____ Ear disease or surgery, hearing loss or problems with balance? Recurrent ear problems?
- _____ Bleeding or other blood disorders?
- _____ Hernia?
- _____ Ulcers or ulcer surgery?
- _____ A colostomy or ileostomy?
- _____ Recreational drug use or treatment for, or alcoholism in the past five years?

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.

Signature

Date

Signature of Guardian

Date