

UNDERWATER WORLD SHARK DIVES MEDICAL DECLARATION

To be completed and signed by resort diver

Personal Details

| | |
|---------------------------------|------------------------|
| Surname | Given names |
| Address | |
| Phone | |
| Date of birth / / | Sex: Male Female |

Have you ever suffered, or do you now suffer from, any of the following?

| | Yes | No |
|--|-----|----|
| Asthma or wheezing | | |
| Brain, spinal cord or nervous disorder | | |
| Chest surgery | | |
| Chronic bronchitis or persistent chest complaint | | |
| Chronic sinus condition | | |
| Collapsed lung (pneumothorax) | | |
| Diabetes mellitus (sugar diabetes) | | |
| Epilepsy | | |
| Heart disease of any kind | | |
| Tuberculosis or other long-term lung disease | | |

If you have ticked yes to any of the above you will need a medical clearance from a diving doctor

| | Yes | No |
|--|-----|----|
| Ear surgery | | |
| Fainting, seizures or blackouts | | |
| Recurrent ear problem when flying or during water activities | | |
| Any dizziness or disorientation | | |

If you have ticked yes to any of the above you will need to discuss this with our instructor

Are you currently suffering from

| | Yes | No |
|--|-----|----|
| Chronic ear discharge or infection | | |
| Perforated eardrum | | |
| Have you ingested any alcohol; within the eight hours prior to diving? | | |
| Are you pregnant | | |
| Are you planning on flying within 12 hours | | |

If you have ticked yes to any of the above you will not be permitted to dive

| | Yes | No |
|--|-----|----|
| Breathlessness | | |
| High blood pressure | | |
| Other illness or operation within the last month | | |
| Are you currently taking any medicine or drug (excluding oral contraceptives)? | | |
| Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk? | | |

If you have ticked yes to the first four questions you will need to discuss this with our instructor

Are you able to

| | Yes | No |
|---------------------------------|-----|----|
| Lift 35kg in weight | | |
| Climb steps with 35kg of weight | | |

| | | | | |
|------------------|-------------|---|---|--|
| Signature | Date | / | / | |
| Parent/Guardian | Date | / | / | |