





established safety procedures are not followed, however, there are

MEDICAL STATEMENT

Participant Record (Confidential Information)

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 byandlocated in the		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	
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		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, review them with your instructor before signing.	
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 your past or present medical history with a YES or NO. 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. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.	
Could you be pregnant, or are you attempting to become pregnant?		Dysentery or dehydration requiring medical intervention?	
Are you presently taking prescription medications? (with the exception of		Any dive accidents or decompression sickness?	
birth control or anti-malarial)		Inability to perform moderate exercise (example: walk 1.6 km/one mile	
Are you over 45 years of age and can answer YES to one or more of the following?		within 12 mins.)?	
currently smoke a pipe, cigars or cigarettes		Head injury with loss of consciousness in the past five years?	
 have a high cholesterol level 		Recurrent back problems?	
 have a family history of heart attack or stroke are currently receiving medical care 		Back or spinal surgery?	
high blood pressure		Diabetes?	
 diabetes mellitus, even if controlled by diet alone 		Back, arm or leg problems following surgery, injury or fracture?	
Have you ever had or do you currently have		High blood pressure or take medicine to control blood pressure?	
Asthma, or wheezing with breathing, or wheezing with exercise?		Heart disease?	
Frequent or severe attacks of hayfever or allergy?		Heart attack?	
Frequent colds, sinusitis or bronchitis?		Angina, heart surgery or blood vessel surgery?	
Any form of lung disease?		Sinus surgery?	
Pneumothorax (collapsed lung)?		Ear disease or surgery, hearing loss or problems with balance?	
Other chest disease or chest surgery?		Recurrent ear problems?	
Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?		Bleeding or other blood disorders?	
Epilepsy, seizures, convulsions or take medications to prevent them?		Hernia?	
Recurring complicated migraine headaches or take medications to prevent them?		Ulcers or ulcer surgery ?	
Blackouts or fainting (full/partial loss of consciousness)?		A colostomy or ileostomy?	
Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?		Recreational drug use or treatment for, or alcoholism in the past five years?	

responsibility for omissions regarding my failure to disclose any existing or past health condition.

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