



MEDICAL DECLARATION FOR ENTRY-LEVEL CERTIFICATE DIVERS

Name _____ Birth date _____ Age _____

Mailing address _____

Home phone () _____ Mobile phone () _____

Height (in metres) _____ m Weight (in kilograms) _____ kg

BMI _____ (*weight / (height x height)*)

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

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 enroll 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 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 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
Could you be pregnant?		
1. Are you presently taking prescription medications? <i>(with the exception of birth control or anti-malarial medication)</i>		
2. Are you over 45 years of age?		
3. Is your BMI over 30 AND your waist greater than 102 cm for males and 88 cm for females?		

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Has the participant answered **YES** or left blank any of the participant medical questions?

YES

NO

If **YES** then the participant requires a dive medical certificate certifying that the person is medically fit to dive.

Name of Instructor

Signature

PADI#

Date
