
Euro-Divers Dive Bases



Medical Statement and History

The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in recreational 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 a physician.

To Scuba dive safely, you must 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 heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs should not dive. If taking medication, consult a doctor and the instructor before participation in this program.

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, we must request that you consult with a physician prior to participating in Scuba diving. If you did not bring a current note from your physician specifically stating fitness for Scuba Diving, a list will be provided to you of local physicians.

- ___ Are you pregnant?
- ___ Do you regularly take prescription medications?
- ___ Do you smoke a pack or more of cigarettes daily?
- ___ Do you currently suffer from a cold or congestion?

Have you ever had or do you currently have:

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| ___ Asthma, or wheezing with breathing, or wheezing with exercise? | ___ Unable to perform moderate exercise (example: run up a flight of stairs)? |
| ___ Frequent or severe attacks of hay fever or allergy? | ___ History of high blood pressure or take medicine to control blood pressure? |
| ___ Frequent colds, sinusitis or bronchitis? | ___ History of any heart disease? |
| ___ Any form of lung disease? | ___ History of heart attacks? |
| ___ Pneumothorax (collapse of lung)? | ___ Angina or heart surgery or blood vessel surgery? |
| ___ History of chest surgery? | ___ History of ear or sinus surgery? |
| ___ Claustrophobia or agoraphobia (fear of closed or open spaces)? | ___ History of ear disease, hearing loss or problems with balance? |
| ___ Epilepsy, seizures, convulsions or take medicine to prevent them? | ___ History of bleeding or other blood disorders? |
| ___ Recurring migraine headaches or take medicine to prevent them? | ___ History of ulcers or ulcer surgery? |
| ___ History of blackouts or fainting? | ___ History of colostomy)? |
| ___ History of diving accidents or decompression sickness | ___ History of drug or alcohol abuse? |
| ___ History of back surgery? | ___ Behavioral Health Problems? |
| ___ History of recurrent back problem? | |
| ___ History of diabetes? | |
| ___ History of back, arm or leg problems following surgery, injury or fracture? | |