



Medical Questionnaire and Disclaimer

Student Information - *Please print legibly*

Name: _____

DOB: ____/____/____

INFORMATION FOR THE MEDICAL EXAMINER

Technical open-circuit and rebreather scuba diving activities using compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are both physically strenuous and expose the student during the diving course to the risk of injury or death caused by decompression sickness, gas embolism, or hyperbaric barotrauma that may require treatment in a recompression chamber, and marine life injuries, panic hyperventilation, oxygen toxicity, inert gas narcosis, heart attacks or any other organic malfunction that may lead to drowning.

Please read each question carefully and answer them accurately. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer does not necessarily exclude you from participating in an IART training programme.

Do you, or have you, suffered from any of the following conditions:

1. **NEUROLOGICAL CONDITIONS:** Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels YES NO
2. **CARDIOVASCULAR CONDITIONS:** Especially heart attack, heart surgery, irregular heart beat, uncontrolled, elevated blood pressure (hypertension). YES NO
3. **PULMONARY CONDITIONS:** Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. YES NO
4. **EAR CONDITIONS:** Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one ore both ears, or major ear surgery. YES NO
5. **SINUS CONDITIONS:** Tumour, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. YES NO
6. **ASTHMA:** History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. or any condition requiring medication and/or use of inhaler for the control of wheezing. YES NO
7. **DIABETES MELLITUS:** Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or episodes of hypoglycemia (low blood sugar reactions), Hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also any history of elevated blood sugar or elevated blood during pregnancy. YES NO
8. **PREGNANCY:** Are you currently pregnant or think that you may be pregnant YES NO



9. SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. YES NO
10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician. YES NO
11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the student's safety in an underwater environment or affect the student's judgment under times of physical stress. YES NO

PLEASE EXPLAIN ANY "YES" ANSWER FOR QUESTIONS 1 - 11.
First list item number and then write an explanation on the back of this form.

WARNING: Oral or total systemic decongestants, "Trans-Derm", or oral sea sickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination MAY cause harmful, if not fatal reactions underwater, especially if taken shortly before diving.

I, **(student's name)** _____,

certify that I have answered the above questions accurately and honestly and acknowledge that I have read the above warning and that I understand and take responsibility for my actions as regards any use or misuse of drugs or medication during this IART course

Student signature _____ **date** ____/____/____

Student Cleared for Class

Student Requires Medical Clearance

Instructor name: _____

Instructor's signature: _____

Date: ____/____/____