



# THE SCUBA TRUST



Tel: 07985 025385  
Fax: 01797 361565

REGISTERED CHARITY 1053574

email: scubatrust@btinternet.com  
13 Lade Fort Crescent  
Lydd-on-Sea  
Kent  
TN29 9YG

## INTRODUCTION TO DIVING COURSE BOOKING AND MEDICAL DECLARATION

*This form should be read, understood and signed by all trainees who do not present a current 'Certificate of Fitness to Dive'. It should be countersigned by a parent or guardian if the trainee is under 18 years of age*

### NOTICE

SCUBA-DIVING IS A SPORT WHICH REQUIRES REASONABLE MEDICAL FITNESS AND GOOD HEALTH. FOR ANYONE CONTEMPLATING UNDERTAKING A COURSE OF DIVER TRAINING, THE RISKS OF CONTRACTING A DIVING RELATED MEDICAL DISORDER ARE MINIMAL PROVIDING YOU STAY WITHIN THE BOUNDS OF 'SAFE DIVING PRACTICES'.

**However, anyone with a history of epilepsy or blackouts, high blood pressure or heart disease, any lung or respiratory disorder, should not contemplate taking up this sport.**

Women who are pregnant or could be pregnant are advised not to take up diving during pregnancy. Additionally, dependence on drugs and other conditions such as perforated eardrums or temporary conditions affecting the nose, sinuses or lungs (for example, a cold, sinusitis or chest infection) may make diving unsafe, even in a swimming pool.

Due to the limitations of the Scuba Trust's insurance, we are not able to offer any help with undressing/dressing of members into swimwear. Should you require any help with get changed at the pool, please ensure that you bring along a carer or family member to help you.

### IF IN DOUBT DISCUSS MATTERS WITH YOUR DOCTOR

Name	
Brief description of disability	
Approximate clothes size:	S / M / L / XL
Shoe size	
<b>Please bring a T-shirt to wear in the water</b>	
Please add any details which may be of relevance to your diving instructor	

**PLEASE CONTINUE QUESTIONNAIRE OVERLEAF**

The purpose of this medical questionnaire is to find out if you should be examined by a doctor before participating in diver 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 advice of a physician. 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 may request that you consult a physician prior to participating in scuba diving.

- |       |  |       |  |
|-------|--|-------|--|
| Y / N | Could you be pregnant or are you attempting to become pregnant?  | Y / N | Do you frequently suffer from motion sickness (seasick, carsick etc)?            |
| Y / N | Do you regularly take prescription or non-prescription medications?<br>(with the exception of birth control)   | Y / N | History of diving accidents or decompression sickness?                           |
| Y / N | Are you over 45 years of age and have one or more of the following?  | Y / N | History of recurrent back problems?  |
|       | <ul style="list-style-type: none"> <li>• currently smoke a pipe, cigars or cigarettes</li> <li>• have a high cholesterol level</li> <li>• have a family history of heart attacks or strokes</li> </ul> | Y / N | History of back surgery?   |
|       |  | Y / N | History of diabetes?   |
|       |  | Y / N | History of back, arm or leg problems following surgery, injury or fracture?      |
|       |  | Y / N | Inability to perform moderate exercise?  |
|       |  | Y / N | History of high blood pressure or take medication to control blood pressure?     |
|       |  | Y / N | History of any heart disease?  |
|       |  | Y / N | History of problems equalising (popping) ears with aeroplane or mountain travel? |
|       |  | Y / N | Angina or heart surgery or blood vessel surgery?                                 |
|       |  | Y / N | History of ear or sinus surgery?   |
|       |  | Y / N | History of heart attacks?  |
|       |  | Y / N | History of bleeding or other blood disorders?                                    |
|       |  | Y / N | History of any type of hernia?   |
|       |  | Y / N | History of ear disease, hearing loss or problems with balance?                   |
|       |  | Y / N | History of ulcers or ulcer surgery?  |
|       |  | Y / N | History of colostomy?  |
|       |  | Y / N | History of drug or alcohol abuse?  |
- Have you ever had or do you currently have...**
- Y / N Asthma or wheezing with breathing, or wheezing with exercise?
- Y / N Frequent or severe attacks of hayfever or allergy?
- Y / N Frequent colds, sinusitis or bronchitis?
- Y / N Any form of lung disease?
- Y / N Pneumothorax (collapsed lung)?
- Y / N History of chest surgery?
- Y / N Claustrophobia or agoraphobia (fear of closed or open spaces)?
- Y / N Behavioural health problems?
- Y / N Epilepsy, seizures, convulsions or take medication to prevent them?
- Y / N Recurring migraine headaches or take medication to prevent them?
- Y / N History of blackouts or fainting (full/partial loss of consciousness)?

*This declaration will only be acceptable when fully completed and signed.*

I have studied this document and understand the purpose of this declaration. The medical history details given are accurate to the best of my knowledge. I accept that future diving and diver training can only be undertaken once I have presented a Certificate of Fitness to Dive.

Surname \_\_\_\_\_ Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_ Preferred Course Date \_\_\_\_\_

Signature of Guardian (if trainee under 18) \_\_\_\_\_

Date \_\_\_\_\_

E-mail \_\_\_\_\_