

# ROI-NAMUR DOLPHINS SCUBA CLUB

## 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 scuba diving offered by the Roi-Namur Dolphins.

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to participate in scuba diving. If you are a minor, you must have this Statement signed by a parent.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When established safety procedures are not followed, however, there are dangers.

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 you doctor before participating in scuba diving. You will also need to remember the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your doctor before signing.

### MEDICAL HISTORY

#### 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 diving. 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.

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.

\_\_\_\_\_ Could you be pregnant or are you attempting to become pregnant?

\_\_\_\_\_ Do you regularly take prescription or nonprescription medications?  
(with the exception of birth control)

\_\_\_\_\_ Are you over 45 years of age and have one or more of the following?  
• currently smoke a pipe, cigars, or cigarettes  
• have a high cholesterol level  
• have a family history of heart attacks or strokes

Have you ever had or do you currently have...

\_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?

\_\_\_\_\_ Frequent or severe attacks of hayfever or allergy?

\_\_\_\_\_ Any form of lung disease?

\_\_\_\_\_ Pneumothorax?

\_\_\_\_\_ History of chest surgery?

\_\_\_\_\_ Claustrophobia or agoraphobia (fear of closed or open spaces)?

\_\_\_\_\_ Behavioral health problems?

\_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?

\_\_\_\_\_ Recurring migraine headaches or take medications to prevent them?

\_\_\_\_\_ History of blackouts or fainting (full/partial loss of consciousness)?

\_\_\_\_\_ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?

\_\_\_\_\_ History of diving accidents or decompression sickness?

\_\_\_\_\_ History of recurrent back problems?

\_\_\_\_\_ History of back surgery?

\_\_\_\_\_ History of diabetes?

\_\_\_\_\_ History of back, arm or leg problems following surgery, injury or fracture?

\_\_\_\_\_ Inability to perform moderate exercise (walk one mile within 10 minutes)?

\_\_\_\_\_ History of high blood pressure or take medicine to control blood pressure?

\_\_\_\_\_ History of any heart disease?

\_\_\_\_\_ History of heart attacks?

\_\_\_\_\_ Angina (heart or blood vessel surgery)?

\_\_\_\_\_ History of ear or sinus surgery?

\_\_\_\_\_ History of ear disease, hearing loss or problems with balance?

\_\_\_\_\_ History of problems equalizing (popping) ears with airplane or mountain travel?

\_\_\_\_\_ History of bleeding or other blood disorders?

\_\_\_\_\_ History of any type of hernia?

\_\_\_\_\_ History of ulcers of ulcer surgery?

\_\_\_\_\_ History of colostomy?

\_\_\_\_\_ History of drug or alcohol abuse?

I authorize the Kwajalein Hospital to immediately inform USAKA Safety and KSC if I am required to spend any time in the recompression chamber due to a diving incident. Each will be provided my name, address and work and home phone numbers. I also authorize the Kwajalein Hospital to release all medical information relating to the dive incident that required recompression treatment to the USAKA Safety Office and the KSC. In addition I or my designated agent will turn over to the KSC or the Kwajalein Hospital medical personnel (to be held for KSC) all of my diving equipment including any dive computer used on the dives(s) and specify the tank numbers (if known) within 24 hours of the incident. I understand that all diving equipment will be returned to me within 7 days.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# DIVER

*Please print legibly*

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Country \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

Home Phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

## Name and address of your family or primary care physician

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Were you ever required to have a physical for diving?     Yes     No    If so, when? \_\_\_\_\_



# PHYSICIAN

This person is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. Please review Guidelines for Recreational Scuba Diver's Physical Examination.

## Physician's Impression

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks \_\_\_\_\_

I have reviewed Guidelines for Recreational Scuba Diver's Physical Examination.

\_\_\_\_\_, MD    Date \_\_\_\_\_

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone(    ) \_\_\_\_\_