DEEP DIVE DUBAI

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 or freediving and of the conduct required of you during the scuba or freediving activity. Your signature on this statement is required for you to participate in the scuba or freediving activity offered by **DEEP DIVE DUBAI.**
Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba or freediving activity. If you are a minor, you must have this Statement 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 dive safely, you should 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 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. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while diving. Improper use of dive 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 Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

DIVERS MEDICAL QUESTIONNAIRE

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in diving activity. 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 prior to engaging in dive activities.

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 or freediving activities. Your instructor can supply you with an RSTC Medical Statement and Guidelines for a physical examination to take to your physician.

___ Could you be pregnant, or are you attempting to become pregnant?
___ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
___ Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

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

___ Symptoms of or diagnosed with COVID-19 (cough, fever, illness etc.)?
___ Asthma, or wheezing with breathing or exercise?
___ Frequent or severe attacks of hayfever or allergy?
___ Frequent colds, sinusitis or bronchitis?
___ Any form of lung disease?
___ Pneumothorax (collapsed lung)?
___ Other chest disease or chest surgery?
___ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
___ Epilepsy, seizures, convulsions or take medications to prevent them?
___ Recurring complicated migraine headaches or take medications to prevent them?
___ Blackouts or fainting (full/partial loss of consciousness)?
___ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
___ Dysentery or dehydration requiring medical intervention?
___ Any dive accidents or decompression sickness?
___ Reverse block, lung squeeze, any lung squeeze producing pink foam or pulmonary bleeding?
___ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
___ Head injury with loss of consciousness in the past five years?
___ Recurrent back problems, back or spinal surgery?
___ Diabetes?
___ Back, arm or leg problems following surgery, injury or fracture?
___ High blood pressure or take medicine to control blood pressure?
___ Heart disease or heart attack?
___ Angina, heart surgery or blood vessel surgery?
___ Sinus surgery?
___ Ear disease or surgery, hearing loss or problems with balance?
___ Recurrent ear problems?
___ Bleeding or other blood disorders?
___ Eye conditions such as severe myopia or retinal detachment?
___ Hernia?
___ Ulcers or ulcer surgery ?
___ A colostomy or ileostomy?
___ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge.
I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature	Date	Parent/guardian Signature	Date