



## UNDERWATER WORLD SHARK DIVES MEDICAL DECLARATION

**To be completed and signed by resort diver**

### Personal Details

Surname	Given names		
Address			
			Phone
Date of birth	/	/	Sex: Male Female

### Have you ever suffered, or do you now suffer from, any of the following?

	Yes	No
Asthma or wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus condition		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Epilepsy		
Heart disease of any kind		
Tuberculosis or other long-term lung disease		

**If you have ticked yes to any of the above you will need a medical clearance from a diving doctor**

	Yes	No
Ear surgery		
Fainting, seizures or blackouts		
Recurrent ear problem when flying or during water activities		
Any dizziness or disorientation		

**If you have ticked yes to any of the above you will need to discuss this with our instructor**

### Are you currently suffering from

	Yes	No
Chronic ear discharge or infection		
Perforated eardrum		
Have you ingested any alcohol; within the eight hours prior to diving?		
Are you pregnant		
Are you planning on flying within 12 hours		

**If you have ticked yes to any of the above you will not be permitted to dive**

	Yes	No
Breathlessness		
High blood pressure		
Other illness or operation within the last month		
Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		

**If you have ticked yes to the first four questions you will need to discuss this with our instructor**

### Are you able to

	Yes	No
Lift 40kg in weight		
Climb steps with 40kg of weight		

<b>Signature</b>	<b>Date</b>	/	/	
Parent/Guardian	<b>Date</b>	/	/	