



Snorkeling MEDICAL FORM

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 snorkeling and of the conduct required of you during the snorkeling program. Your signature on this statement is required for you to participate in the snorkeling program offered by:

(INSTRUCTOR) ALL DIVE LEADERS

and (FACILITY) DENVER DIVERS

located in the city of DENVER

and state of COLORADO

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the snorkeling program. If you are a minor, you must have this Statement signed by a parent or guardian.

Snorkeling 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 snorkel safely, you should not be extremely overweight or out of condition. Snorkeling 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, current cold or congestion, epilepsy, a severe medical problem or is under the influence of alcohol or drugs should not snorkel. 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 need to learn from the instructor the important safety rules regarding snorkeling.

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

MEDICAL QUESTIONNAIRE

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in a recreational snorkeling program. A positive response to a question does not necessarily disqualify you from snorkeling. A positive response means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling 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 snorkeling.

____ Are you presently taking prescription medications (with the exception of birth control or anti-malarial)?

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

____ Epilepsy, seizures, convulsions or take medications to prevent them?

____ Blackouts or fainting (full/partial loss of consciousness)?

____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

____ Heart disease, heart attack, angina, heart surgery or blood vessel surgery?

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

Signature of Parent or Guardian

Date

Student

(Please print legibly)

Name _____ Birth Date _____ Age _____
First Initial Last

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone () _____ Business Phone () _____

Telex _____ FAX _____

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 an applicant for training or 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.

_____, M.D. Date _____
Physician's Signature

Physician _____ Clinic/Hospital _____

Address _____ Phone () _____