







### 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 the scuba training program offered

bv			and
· ,	Instructor		
			located in the
	Facility		
city of		, state/province of	·

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. 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

## **Divers 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 recreational diver training. 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.

	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
	Asthma, or wheezing with breathing, or wheezing with exercise? Frequent or severe attacks of hayfever or allergy?
	Frequent colds, sinusitis or bronchitis?
	Any form of lung disease?
	Pneumothorax (collapsed lung)?

Behavioral health, mental or psychological problems (Panic attack, fear of

Epilepsy, seizures, convulsions or take medications to prevent them? Recurring complicated migraine headaches or take medications to pre-

Frequent or severe suffering from motion sickness (seasick, carsick,

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

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.

Date

established safety procedures are not followed, however, there are increased risks.

To scuba 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 scuba diving. Improper use of scuba 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.

Please answer the following questions on your past or present medical history with a <b>YES</b> or <b>NO</b> . If you are not sure, answer <b>YES</b> . If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.
Dysentery or dehydration requiring medical intervention?
Any dive accidents or decompression sickness?

	Any dive accidents or decompression sickness?
	Inability to perform moderate exercise (example: walk 1.6 km/one mil 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?
	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?
	Hernia?
	Ulcers or ulcer surgery ?
	A colostomy or ileostomy?
	Recreational drug use or treatment for or alcoholism in the past five

PRODUCT NO. 10063 (Rev. 06/07) Ver. 2.01

Signature

Other chest disease or chest surgery?

closed or open spaces)?

vent them?

Signature of Parent or Guardian

years?

Date

#### **STUDENT**

## Please print legibly. Birth Date \_\_ Name \_ Age \_\_\_ Mailing Address \_\_\_\_ State/Province/Region\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Home Phone ( Business Phone ( FAX\_ Name and address of your family physician Clinic/Hospital Address\_\_\_ Date of last physical examination \_\_\_\_\_ Name of examiner\_ Clinic/Hospital\_\_\_\_\_ Address Email \_\_\_\_ Phone ( Were you ever required to have a physical for diving? $\ \square$ Yes $\ \square$ No If so, when?\_\_\_\_\_ **PHYSICIAN** This person applying 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. There are guidelines attached for your information and reference. **Physician's Impression** ☐ I find no medical conditions that I consider incompatible with diving. ☐ I am unable to recommend this individual for diving. Remarks \_\_\_\_\_ Date \_\_\_\_ Physician's Signature or Legal Representative of Medical Practitioner Clinic/Hospital\_\_\_\_ Address \_\_\_\_\_ Email \_\_\_\_\_ Phone (

## **Guidelines for Recreational Scuba Diver's Physical Examination**

#### Instructions to the Physician:

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINA-

**TION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

#### **NEUROLOGICAL**

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish

from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

#### **Relative Risk Conditions**

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- · History of Head Injury with sequelae other than seizure
- · Herniated Nucleus Pulposus
- Intracranial Tumor or Aneurysm
- Peripheral Neuropathy
- Multiple Sclerosis
- · Trigeminal Neuralgia
- · History of spinal cord or brain injury

#### **Temporary Risk Condition**

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

#### **Severe Risk Conditions**

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

#### Some conditions are as follows:

- · History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

## CARDIOVASCULAR SYSTEMS

### **Relative Risk Conditions**

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.\* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

\* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

#### **Relative Risk Conditions**

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- · History of Myocardial Infarction
- · Congestive Heart Failure
- Hypertension
- History of dysrythmias requiring medication for suppression
- Valvular Regurgitation

#### **Pacemakers**

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

\* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

#### **Severe Risks**

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

#### **PULMONARY**

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

#### **Relative Risk Conditions**

- · History of Asthma or Reactive Airway Disease (RAD)\*
- · History of Exercise Induced Bronchospasm (EIB)\*
- · History of solid, cystic or cavitating lesion\*
- · Pneumothorax secondary to:
  - -Thoracic Surgery
  - -Trauma or Pleural Penetration\*
  - -Previous Overinflation Injury\*

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease\*
- Interstitial lung disease: May increase the risk of pneumothorax
- \* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

#### **Severe Risk Conditions**

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- · Impaired exercise performance due to respiratory disease.

#### **GASTROINTESTINAL**

#### **Temporary Risks**

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

#### **Temporary Risk Conditions**

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

#### **Relative Risk Conditions**

- · Inflammatory Bowel Disease
- · Functional Bowel Disorders

#### **Severe Risks**

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

#### **Severe Risk Conditions**

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- · Chronic or recurrent small bowel obstruction
- · Severe gastroesophageal reflux
- · Achalasia
- · Paraesophageal Hernia

#### ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

#### **Relative Risk Conditions**

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical

cause of decompression may accelerate/escalate the progression).

#### **Temporary Risk Conditions**

· Back pain

#### **HEMATOLOGICAL**

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

#### **Relative Risk Conditions**

- · Sickle Cell Disease
- · Polycythemia Vera
- · Leukemia
- · Hemophilia/Impaired Coagulation

#### **METABOLIC AND ENDOCRINOLOGICAL**

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

#### **Relative Risk Conditions**

- Hormonal Excess or Deficiency
- · Obesity
- · Renal Insufficiency

#### **Severe Risk Conditions**

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at www/wrstc.com and www.diversalertnetwork.org.]

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

#### **BEHAVIORAL HEALTH**

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

#### **Relative Risk Conditions**

- · Developmental delay
- History of drug or alcohol abuse
- · History of previous psychotic episodes
- · Use of psychotropic medications

#### **Severe Risk Conditions**

 Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of

#### personal fears

- · Claustrophobia and agoraphobia
- · Active psychosis
- · History of untreated panic disorder
- · Drug or alcohol abuse

#### **OTOLARYNGOLOGICAL**

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglotic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

#### **Relative Risk Conditions**

- · Recurrent otitis externa
- Significant obstruction of external auditory canal
- · History of significant cold injury to pinna
- · Eustachian tube dysfunction
- · Recurrent otitis media or sinusitis
- · History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- · Facial nerve paralysis not associated with barotrauma
- · Full prosthedontic devices
- · History of mid-face fracture
- · Unhealed oral surgery sites
- · History of head and/or neck therapeutic radiation
- · History of temperomandibular joint dysfunction
- · History of round window rupture

#### **Severe Risk Conditions**

- · Monomeric TM
- · Open TM perforation
- · Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- · History of inner ear surgery
- · Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- · Laryngectomy or status post partial laryngectomy
- Tracheostomy
- · Uncorrected laryngocele
- · History of vestibular decompression sickness

#### **BIBLIOGRAPHY/REFERENCE**

- Bennett, P. & Elliott, D (eds.)(1993). The Physiology and Medicine of Diving. 4th Ed., W.B. Saunders Company Ltd., London, England.
- Bove, A., & Davis, J. (1990). Diving Medicine. 2nd Edition, W.B. Saunders Company, Philadelphia, PA.
- 3. Davis, J., & Bove, A. (1986). "Medical Examination of Sport Scuba Divers, Medical Seminars, Inc.," San Antonio, TX
- Dembert, M. & Keith, J. (1986). "Evaluating the Potential Pediatric Scuba Diver." AJDC, Vol. 140, November.
- Edmonds, C., Lowry, C., & Pennefether, J. (1992) .3rd ed., Diving and Subaquatic Medicine. Butterworth & Heineman Ltd., Oxford, England.
- Elliott, D. (Ed) (1994). "Medical Assessment of Fitness to Dive." Proceedings of an International Conference at the Edinburgh Conference Centre, Biomedical Seminars, Surry, England.
- "Fitness to Dive," Proceedings of the 34th Underwater & Hyperbaric Medical Society Workshop (1987) UHMS Publication Number 70(WS-FD) Bethesda, MD.

- Neuman, T. & Bove, A. (1994). "Asthma and Diving." Ann. Allergy, Vol. 73, October, O'Conner & Kelsen.
- Shilling, C. & Carlston, D. & Mathias, R. (eds) (1984). The Physician's Guide to Diving Medicine. Plennum Press, New York, NY.
- Undersea and Hyperbaric Medical Society (UHMS) www.UHMS.org
- Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC <u>www.DiversAlertNetwork.org</u>
- Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
- Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
- Divers Emergency Service, Australia, <a href="https://www.rah.sa.gov.au/hyper-baric">www.rah.sa.gov.au/hyper-baric</a>, telephone 61-8-8212-9242
- South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, <u>www.spums.org.au</u>
- 16. European Underwater and Baromedical Society, www.eubs.org

### **ENDORSERS**

Paul A. Thombs, M.D., Medical Director Hyperbaric Medical Center St. Luke's Hospital, Denver, CO, USA

Peter Bennett, Ph.D., D.Sc. Professor, Anesthesiology Duke University Medical Center Durham, NC, USA pbennett@dan.duke.edu

Richard E. Moon, M.D., F.A.C.P., F.C.C.P. Departments of Anesthesiology and Pulmonary Medicine Duke University Medical Center Durham, NC, USA

Roy A. Myers, M.D. MIEMS
Baltimore, MD. USA

William Clem, M.D., Hyperbaric Consultant Division Presbyterian/St. Luke's Medical Center Denver, CO, USA

John M. Alexander, M.D. Northridge Hospital Los Angeles, CA, USA

Des Gorman, B.Sc., M.B.Ch.B., F.A.C.O.M., F.A.F.O.M., Ph.D.
Professor of Medicine
University of Auckland, Auckland, NZ
d.gorman@auckland.ac.nz

Alf O. Brubakk, M.D., Ph.D. Norwegian University of Science and Technology Trondheim, Norway alfb@medisin.ntnu.no

Alessandro Marroni, M.D. Director, DAN Europe Roseto, Italy Hugh Greer, M.D. Santa Barbara, CA, USA hdgblgfpl@aol.com Christopher J. Acott, M.B.B.S., Dip. D.H.M., F.A.N.Z.C.A. Physician in Charge, Diving Medicine Royal Adelaide Hospital Adelaide, SA 5000, Australia

Chris Edge, M.A., Ph.D., M.B.B.S., A.F.O.M. Nuffield Department of Anaesthetics Radcliffe Infirmary Oxford, United Kingdom cjedge@diver.demon.co.uk

Richard Vann, Ph.D. Duke University Medical Center Durham, NC, USA

Keith Van Meter, M.D., F.A.C.E.P. Assistant Clinical Professor of Surgery Tulane University School of Medicine New Orleans. LA. USA

Robert W. Goldmann, M.D. St. Luke's Hospital Milwaukee, WI, USA

Paul G. Linaweaver, M.D., F.A.C.P. Santa Barbara Medical Clinic Undersea Medical Specialist Santa Barbara, CA, USA

James Vorosmarti, M.D. 6 Orchard Way South Rockville, MD, USA

Tom S. Neuman, M.D., F.A.C.P., F.A.C.P.M. Associate Director, Emergency Medical Services Professor of Medicine and Surgery University of California at San Diego San Diego, CA, USA

Yoshihiro Mano, M.D. Professor Tokyo Medical and Dental University Tokyo, Japan y.mano.ns@tmd.ac.jp Simon Mitchell, MB.ChB., DipDHM, Ph.D. Wesley Centre for Hyperbaric Medicine Medical Director Sandford Jackson Bldg., 30 Chasely Street Auchenflower, QLD 4066 Australia smitchell @ wesley.com.au

Jan Risberg, M.D., Ph.D. NUI, Norway

Karen B.Van Hoesen, M.D. Associate Clinical Professor UCSD Diving Medicine Center University of California at San Diego San Diego, CA, USA

Edmond Kay, M.D., F.A.A.F.P.
Dive Physician & Asst. Clinical Prof. of Family Medicine
University of Washington
Seattle, WA, USA
ekay@u.washington.edu

Christopher W. Dueker, TWS, M.D. Atherton, CA, USA chrisduek@aol.com

Charles E. Lehner, Ph.D.
Department of Surgical Sciences
University of Wisconsin
Madison, WI, USA
celehner@facstaff.wisc.edu

Undersea & Hyperbaric Medical Society 10531 Metropolitan Avenue Kensington, MD 20895, USA

Diver's Alert Network (DAN) 6 West Colony Place Durham, NC 27705

# PADI Discover Scuba® Diving Participant Statement

Read the following paragraphs carefully.

This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement (Statement of Risks and Liability), Non-Agency Disclosure and Acknowledgment and the Discover Scuba Diving Knowledge and Safety Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. If you are a minor, your parent or guardian must read this Guide and sign on the back panel.

You will also need to learn important safety rules regarding breathing and equalization while scuba diving from the PADI Professional. Scuba diving and the use of scuba equipment without proper supervision or instruction can result in serious injury or death. You must be instructed in its use under the direct supervision of a qualified instructor.



## **PADI Medical Questionnaire**

Scuba diving is an exciting and demanding activity. To scuba dive 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 your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba 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 a physician.

Please answer the following questions on your past and 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. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

 Do you currently have an ear infection?
 Do you have a history of ear disease, hearing loss or problems with balance?
 Do you have a history of ear or sinus surgery?
 Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
 Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
 Have you had a collapsed lung (pneumothorax) or history of chest surgery?
 Do you have active asthma or history of emphysema or tuberculosis?
 Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
 Do you have behavioral health, mental or psychological problems or a nervous system disorder?
 Are you or could you be pregnant?
 Do you have a history of colostomy?
 Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
 Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
 Are you over 45 and have a family history of heart attack or stroke?
 Do you have a history of bleeding or other blood disorders?
 Do you have a history of diabetes?
 Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
 Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
 Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

# Discover Scuba Diving Knowledge and Safety Review

To continue your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional BEFORE getting in the water.

1. Upon completing this experience. I will be qualified to dive independently without

Check the appropriate box in response to each question:

a certified professional quiding me

	Participant Signature Date (Day/Month/Year)		
qu	rticipant Statement: I have had this Review explained to me and I now understand any lestions I may have answered incorrectly. I acknowledge and accept that these practices intended to increase my safety and comfort during the experience.		
	I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.		
8.	I should not touch, tease or harass an underwater organism since I may harm it or it may harm me. $\hfill T \hfill \Gamma \hfill F$		
7.	My air gauge indicates how much air I have in my cylinder and I must look at it often, and whenever my instructor asks me to. $\hfill T \hfill \Gamma \hfill F$		
6.	I should add air to my buoyancy control device (BCD) to float at the surface. $\hfill\Box$ T $\hfill\Box$ F		
5.	Underwater, I should breathe slowly, deeply, continuously and never hold my breath. $\hfill\Box\ T \hfill \Box\ F$		
4.	<ul><li>4. If I have discomfort in my ears or sinuses during descent, I should continue downward.</li><li>□ T □ F</li></ul>		
3.	3. I should equalize every metre/few feet while descending.  □ T □ F		
2.	To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils. $\  \   \square \   T  \   \square \   F$		

# Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_\_\_ and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_\_\_\_(store/resort)\_ and/or the instructors and diversaters associated with the activity.

# Liability Release and Assumption of Risk Agreement

I (participant name), \_\_\_\_\_\_\_, hereby affirm that I aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that this program may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with this program in spite of the absence of a recompression chamber or medical facility in proximity to the dive site.

The information I have provided about my medical history on the Medical Questionnaire 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 conditions.

I understand and agree that neither the dive professionals conducting this program, nor the facility through which this program is offered, (facility name), nor PADI Americas, Inc., nor its affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of the Released Parties, whether passive or active.

(Liability Release and Assumption of Risk Agreement continued)

In consideration of being allowed to participate in this program, I hereby personally assume all risks for any harm, injury or damage, whether foreseen or unforeseen, that may befall me while participating in this program, including but not limited to the knowledge development, confined water and/or open water activities.

I further release and hold harmless the Discover Scuba Diving program and the Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this program.

I further understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program and that if I am injured as a result of heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian.

I understand that the terms herein are contractual and not a mere recital and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT AND NON-AGENCY DISCLOSURE ACKNOWLEDGMENT AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS AND AFFIRM THE MEDICAL QUESTIONNAIRE IS ACCURATE.

Participant Signature	Date (Day/Month/Year)
Parent/Guardian Signature (where applicable)	Date (Day/Month/Year)

