

The Professional Scuba Association International



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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 the scuba training program offered by:

INSTRUCTOR _____
and FACILITY _____
located in the city of _____
and state of _____

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical history section, to enroll in the scuba training program. 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 your doctor and the Instructor before participation in this program. You will also need to 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 History section, review them with your Instructor 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 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.

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.

- ___ Are you pregnant or do you suspect you may be 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

- ___ Any form of lung disease?
- ___ Pneumothorax (collapsed lung)?
- ___ 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 medication 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 accident 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 12 minutes)?
- ___ History of high blood pressure or take medications to control blood pressure?
- ___ History of any heart disease?
- ___ History of heart attacks?
- ___ Angina or heart 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 or ulcer surgery?
- ___ History of colostomy?
- ___ History of drug or alcohol abuse?

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?

The information I have provided about my medical history is accurate to the best of my knowledge.

SIGNATURE

DATE

SIGNATURE OF PARENTS OR GUARDIAN WHERE APPLICABLE

DATE