



Try-Dive Form

Introduction to Diving Course
Booking and Medical Declaration

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This form should be read, understood and signed by all trainees who do not present a current "Certificate of Fitness to Dive". It should be countersigned by a parent or guardian if the trainee is under 18 years of age.

NOTICE

SCUBA DIVING IS A SPORT WHICH REQUIRES REASONABLE MEDICAL FITNESS AND GOOD HEALTH. FOR ANYONE CONTEMPLATING UNDERTAKING A COURSE OF DIVER TRAINING, THE RISKS OF CONTRACTING A DIVING-RELATED MEDICAL DISORDER ARE MINIMAL PROVIDING YOU STAY WITHIN THE BOUNDS OF "SAFE DIVING PRACTICES".

HOWEVER, ANYONE WITH A HISTORY OF EPILEPSY OR BLACKOUTS, HIGH BLOOD PRESSURE OR HEART DISEASE, ANY LUNG OR RESPIRATORY DISORDER, SHOULD NOT CONTEMPLATE TAKING UP THIS SPORT.

Women who are pregnant or could be pregnant are advised not to take up diving during pregnancy. Additionally, dependence on drugs and other conditions such as perforated eardrums or temporary conditions affecting the nose, sinuses or lungs (for example, a cold, sinusitis or chest infection) might make diving unsafe, even in a swimming pool.

Because of the limitations of The Scuba Trust's insurance, we are not able to offer any help with undressing or dressing of members into swimwear. Should you require any help with getting changed at the pool, please ensure that you bring along a carer or family member to help you.

IF IN DOUBT, DISCUSS MATTERS WITH YOUR DOCTOR.

Name	
Brief description of disability	
Approximate clothes size	S / M / L / XL
Shoe size	
Please add any details which may be of relevance to your diving instructor.	

Please bring a T-shirt to wear in the water.

Medical questionnaire continues overleaf.

The purpose of this medical questionnaire is to find out if you should be examined by a doctor before participating in diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that might affect your safety while diving and you must seek the advice of a physician. Please answer the following questions on your past or present medical with a YES or NO. **If you are not sure, answer YES.** If any of these items apply to you, we may request that you consult a physician prior to participating in scuba diving.

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|---|---|--|---|---|---|
| Y | N | Could you become pregnant, or are you attempting to become pregnant? | Y | N | Frequent spells of motion sickness? (seasickness, carsickness, etc.) |
| Y | N | Do you regularly take prescription or non-prescription medications? (With the exception of birth control) | Y | N | History of diving accidents or decompression sickness? |
| Y | N | Are you over 45 years of age and have one or more of the following? <ul style="list-style-type: none"> • currently smoke a pipe, cigars or cigarettes • have a high cholesterol level • have a family history of heart attacks or strokes | Y | N | History of recurrent back problems? |
| Have you ever had, or do you currently have... | | | Y | N | History of back surgery? |
| Y | N | Asthma or wheezing with breathing, or wheezing with exercise? | Y | N | History of diabetes? |
| Y | N | Frequent or severe attacks of hay fever or allergy? | Y | N | History of back, arm or leg problems following surgery, injury or fracture? |
| Y | N | Frequent colds, sinusitis or bronchitis? | Y | N | Inability to perform moderate exercise? |
| Y | N | Any form of lung disease? | Y | N | History of high blood pressure, or take medication to control blood pressure? |
| Y | N | Pneumothorax? (collapsed lung) | Y | N | History of any heart disease? |
| Y | N | History of chest surgery? | Y | N | History of problems equalising (popping) ears with airplane or mountain travel? |
| Y | N | Claustrophobia or agoraphobia? (fear of closed or open spaces) | Y | N | Angina or heart surgery or blood vessel surgery? |
| Y | N | Behavioural health problems? | Y | N | History of ear or sinus surgery? |
| Y | N | Epilepsy, seizures, convulsions, or take medication to prevent them? | Y | N | History of heart attacks? |
| Y | N | Recurring migraine headaches or take medication to prevent them? | Y | N | History of bleeding or other blood disorders? |
| Y | N | History of blackouts or fainting, or full or partial loss of consciousness? | Y | N | History of any type of hernia? |
| | | | Y | N | History of ear disease, hearing loss, or problems with balance? |
| | | | Y | N | History of ulcers or ulcer surgery? |
| | | | Y | N | History of colostomy? |
| | | | Y | N | History of drug or alcohol abuse? |

This declaration will only be acceptable when fully completed and signed.

I have studied this document and understand the purpose of this declaration. The medical history details given are accurate to the best of my knowledge. I accept that future diving and diver training can only be undertaken once I have presented a Certificate of Fitness to Dive.

Surname _____ Forenames _____

Address _____

Post Code _____

Telephone _____ Date of Birth _____

Signature _____ Preferred Course Date _____

Signature of Guardian (if trainee is under 18) _____

Date _____

E-mail _____