

1. MEDICAL DECLARATION - PART A

Scuba diving is an exciting and demanding activity. 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 spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or is who under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before taking part in this program.

The purpose of this Medical Declaration is to find out if you should be examined by a physician before participating in recreational diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means 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 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 instructor will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

Have you suffered from, or do you now suffer from, any of the following:-

	Yes	No
Asthma or wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Fainting, seizures or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Bronchitis or persistent chest complaints	<input type="checkbox"/>	<input type="checkbox"/>
Chronic sinus conditions	<input type="checkbox"/>	<input type="checkbox"/>
Chest surgery	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent ear problems when flying	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Mellitus (sugar diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis or other long-term lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Brain, spinal cord or nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease of any kind	<input type="checkbox"/>	<input type="checkbox"/>
Collapsed lung (pneumothorax)	<input type="checkbox"/>	<input type="checkbox"/>
Ear surgery	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently suffering from:-

	Yes	No
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Ear Discharge or infection	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or operation within the last month	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medicine or drug (excluding oral contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ingested any alcohol within the last 8 hours prior to diving?	<input type="checkbox"/>	<input type="checkbox"/>
Could you be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that any concealment of any condition incompatible with safe diving might put your health or life at risk?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that you should not go to altitude (fly) within 12 hours of completing a single dive or 18 hours when doing multiple dives (where possible wait 24 hours)?	<input type="checkbox"/>	<input type="checkbox"/>

2. DISCOVER SCUBA DIVING KNOWLEDGE AND SAFETY REVIEW

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

	True	False		True	False
1. Upon completing this experience, I will be qualified to dive independently.	<input type="checkbox"/>	<input type="checkbox"/>	6. I should add air to my buoyancy control device (BCD) to float at the surface.	<input type="checkbox"/>	<input type="checkbox"/>
2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.	<input type="checkbox"/>	<input type="checkbox"/>	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.	<input type="checkbox"/>	<input type="checkbox"/>
3. I should equalize every few feet/one metre while descending.	<input type="checkbox"/>	<input type="checkbox"/>	8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.	<input type="checkbox"/>	<input type="checkbox"/>
4. If I have discomfort in my ears or sinuses during descent, I should continue downward.	<input type="checkbox"/>	<input type="checkbox"/>	9. I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.	<input type="checkbox"/>	<input type="checkbox"/>
5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath.	<input type="checkbox"/>	<input type="checkbox"/>			

Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature

Parent/Guardian Signature

Date

3. PRIVACY

I consent to the collection of the personal data in this form by the independent dive operator running the dive course in which I intend to participate ("Dive Course Operator"), the communication of that personal data to PADI and to its use to satisfy regulatory requirements, PADI standards, insurance requirements and for quality control purposes.

I acknowledge and understand that the medical information provided by me in Part A overleaf will be retained by the Dive Course Operator in accordance with its own privacy policy but may be provided to its insurers, PADI or their insurers or associated entities if required for safety, legal or review reasons. Any information provided to PADI will be held in accordance with its privacy policy, a copy of which can be viewed at www.padi.com.au.

I acknowledge that the personal information provided in Part B overleaf will be provided by the Dive Course Operator to PADI and consent to that information being provided to PADI affiliates within and outside of Australia to enable them to provide me with information on other PADI courses, products and sponsored activities.

Participant Signature

Parent/Guardian Signature

Date