

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes ☐ Go to box A	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box B	No ☐
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes ☐ *	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go to box C	No ☐
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes ☐ *	No ☐
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go to box D	No ☐
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes ☐ Go to box E	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box F	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box G	No ☐
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes ☐ *	No ☐

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes ☐ *	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐ *	No ☐
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes ☐ *	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes ☐ *	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐ *	No ☐
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐ *	No ☐
I have a high cholesterol level.	Yes ☐ *	No ☐
I have high blood pressure.	Yes ☐ *	No ☐
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes ☐ *	No ☐
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐ *	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐ *	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐ *	No ☐
Eye surgery within the past 3 months.	Yes ☐ *	No ☐
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐ *	No ☐
Persistent neurologic injury or disease.	Yes ☐ *	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐ *	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐ *	No ☐
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes ☐ *	No ☐
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes ☐ *	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐ *	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐ *	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐ *	No ☐
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐ *	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐ *	No ☐
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes ☐ *	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐ *	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐ *	No ☐
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐ *	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐ *	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐ *	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐ *	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐ *	No ☐
Bariatric surgery within the last 12 months.	Yes ☐ *	No ☐

Diver Medical | Medical Examiner's Evaluation Form

Participant Name	Birthdate
(Print)	Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider	Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone	Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society
DAN (US)
DAN Europe
Hyperbaric Medicine Division, University of California, San Diego



Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form DIVER ACTIVITIES

Please read carefully and fill in all blanks before signing.

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members ("Members"), including _____ store/resort, 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 the entities listed above and/or the instructors and divemasters associated with the activity.

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, _____ diver name, hereby affirm that I am a certified scuba diver trained in safe dive practices, or a student diver under the control and supervision of a certified scuba instructor. I know that skin diving, freediving and scuba diving have inherent risks including those risks associated with boat travel to and from the dive site (hereinafter "Excursion"), which may result in serious injury or death. I understand that scuba diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. If I am scuba diving with oxygen enriched air ("Enriched Air") or other gas blends including oxygen, I also understand that it involves inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. I acknowledge this Excursion includes risks of slipping or falling while on board the boat, being cut or struck by a boat while in the water, injuries occurring while getting on or off a boat, and other perils of the sea. I further understand that the Excursion will be conducted at a site that is remote, either by time or distance or both, from a recompression chamber. I still choose to proceed with the Excursion in spite of the absence of a recompression chamber in proximity to the dive site(s).

I understand and agree that neither _____ store/resort; nor the dive professional(s) who may be present at the dive site, nor PADI Americas, Inc., nor any of their affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors and assigns (hereinafter "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 during the Excursion as a result of my participation in the Excursion or as a result of the negligence of any party, including the Released Parties, whether passive or active.

I affirm I am in good mental and physical fitness for the Excursion. I further state that I will not participate in the Excursion if I am under the influence of alcohol or any drugs that are contraindicated to diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I understand that diving is a physically strenuous activity and that I will be exerting myself during the Excursion and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I am aware that safe dive practices suggest diving with a buddy unless trained as a self-reliant diver. I am aware it is my responsibility to plan my dive allowing for my diving experience and limitations, and the prevailing water conditions and environment. I will not hold the Released Parties responsible for my failure to safely plan my dive, dive my plan, and follow the instructions and dive briefing of the dive professional(s).

If diving from a boat, I will be present at and attentive to the briefing given by the boat crew. If there is anything I do not understand I will notify the boat crew or captain immediately. I acknowledge it is my responsibility to plan my dives as no-decompression dives, and within parameters that allow me to make a safety stop before ascending to the surface, arriving on board the vessel with gas remaining in my cylinder as a measure of safety. If I become distressed on the surface I will immediately drop my weights and inflate my BCD (orally or with low pressure inflator) to establish buoyancy on the surface.



Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form

DIVER ACTIVITIES

I am aware safe dive practices recommend a refresher or guided orientation dive following a period of diving inactivity. I understand such refresher/guided dive is available for an additional fee. If I choose not to follow this recommendation I will not hold the Released Parties responsible for my decision.

I acknowledge Released Parties may provide an in-water guide (hereinafter "Guide") during the Excursion. The Guide is present to assist in navigation during the dive and identifying local flora and fauna. If I choose to dive with the Guide I acknowledge it is my responsibility to stay in proximity to the Guide during the dive. I assume all risks associated with my choice whether to dive in proximity to the Guide or to dive independent of the Guide. I acknowledge my participation in diving is at my own risk and peril.

I affirm it is my responsibility to inspect all of the equipment I will be using prior to the leaving the dock for the Excursion and that I should not dive if the equipment is not functioning properly. I will not hold the Released Parties responsible for my failure to inspect the equipment prior to diving or if I choose to dive with equipment that may not be functioning properly.

I acknowledge Released Parties have made no representation to me, implied or otherwise, that they or their crew can or will perform affective rescues or render first aid. In the event I show signs of distress or call for aid I would like assistance and will not hold the Released Parties, their crew, dive boats or passengers responsible for their actions in attempting the performance of rescue or first aid.

I hereby state and agree that this Agreement will be effective for all Excursions in which I participate for one (1) year from the date on which I sign this Agreement.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand 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, _____, diver name, BY THIS INSTRUMENT, AGREE TO EXEMPT AND RELEASE THE RELEASED PARTIES DEFINED ABOVE FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

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

Participant Signature

Date (Day/Month/Year)

Signature of Parent of Guardian (where applicable)

Date (Day/Month/Year)

Diver Accident Insurance? ☐ NO ☐ YES Policy Number _____

BLUE ADVENTURES DIVING

Certified Diver Information:

Certified by (please write the organization name)	
Certification level	
Diver No.	
E-mail	

STATISTIC FORM

Certified Diver, Discover Scuba Diving program, Snorkeling program:

How did you find out about us?

INTERNET	☐
POOL DEMONSTRATION	☐
OUR COMPANY FLYER	☐
VISIT TO OUR OFFICE / DIVE CENTER	☐
FRIENDS SUGGESTION	☐
HOTEL RECEPTION	☐
BY CHANCE	☐
TRAVEL AGENT (please write the travel agency)	☐
OTHER (please explain)	☐

PERSONAL DATA PRIVACY

I consent to the collection of personal data in this form by BLUE ADVENTURES DIVING running the dive course / excursions in which I intend to participate. Communication of that personal data to BLUE ADVENTURES DIVING and for its use to satisfy regulatory requirements, PADI standards, insurance requirements and for quality control purposes. Any information to PADI will be held in accordance with its privacy policy, a copy of which can be viewed at www.padi.com

I acknowledge that the personal information provided by Blue Adventures Diving to PADI, and other Social Media, (for example FACEBOOK, INSTAGRAM, TRIPADVISOR), to enable them to provide me with information on other PADI courses, products and sponsored activities.

Participant Signature	Parent / Guardian Signature	Date

BLUE ADVENTURES DIVING

Please read carefully before signing

Your signature on this statement is required as proof that you have received the equipment stated below and read the terms of this agreement. If you do not understand anything contained in this agreement, then please discuss it with you instructor / dive professional. If you are a minor, this form must also be signed by a parent or guardian.

EXCLUSION OF LIABILITY

I understand and agree that neither Blue Adventures Diving Staff, nor the facility through which this equipment is provided, Blue Adventures Diving LTD, nor PADI International LTD, nor their affiliate or subsidiary companies, nor any of their respective employees, agents or assigns) hereinafter referred to as "Released parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control which amounts to my own contributory negligence, including failure to use the equipment in accordance with instructors as a result an/or use of the equipment.

In the absence of any negligence or other breach of duty by the staff member(s), the facility through which is the equipment is provided, PADI International LTD, and all released entities and released parties as defined above, the rental and/or use of the equipment is entirely at my own risk.

Neither the staff member(s), the facility through which this equipment is provided, PADI International LTD, and all released entities and released parties as defined above accept any liability for latent defects in the equipment of which they could not be reasonable be aware.

SCHEDULE OF EQUIPMENT RENTED

QTY	ITEM	SERIAL #	SIZE
	TANKS		
	REGULATOR		
	CONSOLE		
	COMPUTER		
	BCD		
	WETSUIT		
	FINS		

QTY	ITEM	SERIAL #
	BOOTS	
	GLOVES	
	HOOD	
	SNORKEL	
	TORCH	
	WEIGHT BELT	
	WEIGHTS	

Signature

Date

Signature of Parent or Guardian

Date