

Medical Self Assessment for Divers

Privileged Information - please read carefully prior to signing

This self assessment provides you and us with an overview of your medical status up to now. Diving may be strenuous under certain circumstances and we want you to be prepared best possible. In case of doubt, it might be necessary that you seek counsel of a diving doctor to clarify if you are fit for scuba diving. The respiratory passage and body cavities should be in excellent condition for scuba diving. Also, a certain basic physical and mental fitness should be present. If you have any questions, ask away.



Your truthful statements and your signature are mandatory to participate in any practical training or guided dives carried out under the supervision of **Divecenter Menadive**.

Participant's name

Date

Street address

ZIP / Town

Country

Phone

Email

Diving only

*Starting date of course/date of first
dive*

Designation of course (if any)

Instructor name

Please mark all statements on the following form **YES (Y)** or **NO (N)**. If you are in doubt please answer **YES**. If one or more points apply to you, this **does not** automatically mean that you cannot participate. In that case consult a doctor.



Y | N

Could you be pregnant or do you plan to become pregnant?

Are you currently using any prescribed medication? (except contraceptives or malaria prophylaxis)

Are you older than 45 and ...

- are smoking?
- are under medical treatment?
- have an increased cholesterol level?
- have high blood pressure?
- there have been cases of coronary or stroke in your family?
- suffer from diabetes mellitus (also if purely controlled by diet)?

Did you or do you suffer from ...

- asthma, dyspnea or breathing problems during physical exercise?
- frequent or intense turns of hayfever or allergies?
- frequent colds, sinusitis or bronchitis?
- any kind of lung disease?

Y | N

epilepsie, attacks or cramps or are you under medication for that reason?

diseases or surgery in the thoracic region?

diabetes?

repeatedly intense migraine-like headaches or are you under medication for that reason?

a pneumothorax?

fainting spells (fully or partly lost consciousness)?

frequent or intense problems with travel sickness (boat or car etc.)?

diarrhea or dehydration that required medical treatment?

a diving accident or decompression sickness?

problems during moderate physical activity (e.g. walking 1,6 km in 12 min.)?

repeating back complaints?

hernia?

surgery of the back or the spines?

head injuries that led to unconsciousness within the last 5 years?

Y | N

problems of the back, arms or legs due to surgery, injuries or fractures?

high blood pressure or are you under medication for that reason?

a heart disease?

a coronary?

angina pectoris; cardiac or cardiovascular operations?

surgery of the sinuses?

bleedings or any other problems concerning the blood?

repeated problems concerning the ears or the eardrums?

diseases of the ears, ear operations, loss of hearing or vertigo?

ulcers or surgically removed ulcers?

an artificial anus?

physical or mental issues such as panic, claustrophobia or agoraphobia?

intake of sports-related dietary supplements or treatment of alcohol abuse within the last 5 years?

I hereby declare that I made all statements concerning my medical status truthfully and according to my best knowledge. I confirm that I must inform my diving instructor/dive guide about any change in my physical or mental condition during participating in diving activities. I accept liability for any omitted information of my current or past health status.

Date

Participant's signature
(for under-age persons signature of parents or legal guardian)