



Try Scuba REGISTRATION FORM

Participant Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ email: _____ Sex: M _____ F _____ DOB _____

Emergency Contact Information

Name: _____

Relationship: _____ Phone: _____

MEDICAL HISTORY

Diving is an exciting and demanding activity. When performed correctly and applying the correct techniques, it is very safe. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air space 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 medications, consult your doctor your instructor before participation in this program.

The purpose of this medical questionnaire is to find out if your doctor should examine you before participation in recreational dive 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 may affect your safety while diving and you must seek the advice of your physician.

Please answer EACH ONE of the following questions on your past of 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 you that you consult with a physician prior to participation in scuba diving.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, sever attacks of hay fever or allergies or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or a history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about impairment of your physical or mental abilities?
- _____ Do you behavioral health, mental or psychological problems or a nervous system disorder?
- _____ Are you pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- _____ Do you have a history or fear of closed or open spaces or panic attacks (claustrophobia or agora phobia)?

I am unaware of any medical history or conditions that would prevent or disqualify me to participate in diving activities.

_____/_____/_____
Participant Signature Date

_____/_____/_____
Parent/Guardian Signature (where applicable) Date

_____/_____/_____
Witness Name & Signature Date