Fitzroy Island Sports Hub

 Medical Declaration for Certified Divers and Entry Level Diving

# PERSONAL DETAILS

FAMILY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GIVEN NAME(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MALE FEMALE DATE OF BIRTH (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Asthma or Wheezing? |  |  |
| Brain, spinal cord or nervous disorder? |  |  |
| Chest Surgery? |  |  |
| Chronic Bronchitis or persistent chest complaint? |  |  |
| Collapsed lung? |  |  |
| Diabetes melitus (Sugar diabetes)  |  |  |
| Ear Surgery> |  |  |
| Epilepsy ? |  |  |
| Fainting, seizures and blackouts? |  |  |
| Heart disease or any kind? |  |  |
| Recurrent ear problems when flying? |  |  |
| Tuberculosis or other long-term lung disease? |  |  |

## Are you current suffering from?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Breathlessness? |  |  |
| Chronic ear discharge or infection? |  |  |
| High blood pressure? |  |  |
| Perforated ear drum? |  |  |
| Other illness, injury or operation within the last month |  |  |

If YES to any question(s), please provide details :

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are you currently taking any medications or drug? (excluding contraceptive)Details : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Have you ingested any alcohol in the last 8 hours? |  |  |
| Are you pregnant? |  |  |
| Did you plan to fly within the next 24hours of diving? |  |  |

**Do you understand any concealment of any condition incompatible with safe diving might put your life or health at risk?**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_