

Medical Statement

Please acknowledge that you have read and understood the information provided below. Please answer **YES** or **No** and **INITIAL, EVERY** one of the questions.

1. YOU MUST CONSULT A PHYSICIAN IF :	Yes/No	Initials
you are pregnant or you suspect you may be pregnant		
you regularly take medications (with the exception of birth control)		
you are over 45 years of age and you smoke or you have a high cholesterol level		
2. YOU MUST CONSULT A DOCTOR IF YOU EVER HAD	Yes/No	Initials
Asthma, or wheezing with breathing, or wheezing with Exercise		
Any form of lung disease		
Pneumothorax (collapsed lung)		
History of chest surgery		
Claustrophobia or agoraphobia (fear of closed or open spaces)		
Epilepsy, seizures, convulsions or take medications to prevent them		
History of blackouts or fainting (full/partial loss of consciousness)		
History of diving accidents or decompression sickness		
History of diabetes		
History of high blood pressure or take medications to control blood pressure		
History of any heart disease		
History of ear disease, hearing loss or problems with balance		
History of thrombosis or blood clotting		
Psychiatric diseases.		
3. I AM AWARE THAT I COULD BE UNFIT TO DIVE IF I HAVE OR DEVELOP ANY OF THE FOLLOWING CONDITIONS:	Initials	
cold, sinusitis, or any breathing problems (e.g. bronchitis, hay fever)		
acute migraine or headache		
any kind of surgery within the last 6 weeks		
under influence of alcohol, drugs or medications effecting the ability to react		
Fever, dizziness, nausea, vomiting and diarrhoea		
problems equalising (popping ears)		
acute gastric ulcers		
Pregnancy		

I confirm that the answers to the questions above are true and complete.

The missing diving session without prior 24hrs notice or written authorization from the Doctor will not be refunded.

Signature

Date