



## Sport Diving Medical Form - 2016

**New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.**

*Fees for a medical examination are the responsibility of the diver.*

### NOTES TO DIVER:

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a medical referee (listed on <http://ukdmc.org>).

### IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE

CAPITALS PLEASE

|                    |            |                |
|--------------------|------------|----------------|
| Name:              |            | Date of birth: |
| Address:           |            |                |
| Postcode:          | Telephone: | Occupation:    |
| Dive organisation: | Branch:    | Membership no: |

### Diver Medical Health Questionnaire

|    |   |  |
|----|---|--|
| 1  | Have you ever suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?                  |  |
| 2  | Have you ever had chest or heart surgery?   |  |
| 3  | Have you ever had significant bleeding or blood disorders?  |  |
| 4  | Have you ever suffered from or had to take medication for asthma?   |  |
| 5  | Have you ever had collapsed lung or pneumothorax?   |  |
| 6  | Have you ever had any other chest or lung disease or problems?  |  |
| 7  | Have you ever suffered from blackouts, fainting or recurrent dizziness?   |  |
| 8  | Have you had regular ear problems in the past ten years?  |  |
| 9  | Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?   |  |
| 10 | Have you ever had epilepsy or fits?   |  |
| 11 | Have you ever had recurrent migraines?  |  |
| 12 | Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?   |  |
| 13 | Have you had a head injury with loss of consciousness in the past 5 years?  |  |
| 14 | Have you ever had any back or spinal surgery? Or had any serious back problems?   |  |
| 15 | Have you ever had any mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?   |  |
| 16 | Have you had any problem with alcohol or drug abuse in the last five years?   |  |
| 17 | Do you have diabetes?   |  |
| 18 | Are you taking any prescribed medication (except the contraceptive pill)?   |  |
| 19 | Are you currently receiving medical care or have you consulted a doctor in the last year other than for trivial issues e.g. common cold, infection or minor injury? |  |
| 20 | Have you ever been refused a diving medical certificate or life insurance or been offered special terms?  |  |
| 21 | Have you ever had, or been treated for, decompression illness?  |  |

I hereby declare that I have answered 'No' to all of the questions above and that to the best of my knowledge, I am in good health and declare that I have not omitted any information which might be relevant to my fitness for diving. Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

|         |       |
|---------|-------|
| Signed: | Date: |
|---------|-------|

(Signature of Parent or Guardian if under the age of 18)

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT PLEASE SPEAK TO A MEDICAL REFEREE FOR GUIDANCE.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE QUESTIONS ABOVE PLEASE COMPLETE THE SEPARATE MEDICAL REFEREE FORM

Available from [www.bsac.com/medicalform](http://www.bsac.com/medicalform) or from <http://ukdmc.org>