



# Technical Diving International Medical Statement

Participant Record (Confidential Information)

18 Elm Street, Topsham, Maine 04086  
Phone: (207) 729-4201 Fax: (207) 729-4453

---- Please read carefully before signing ----

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba-training program. Your signature on this statement is required for you to participate in the scuba training program offered by

Kenneth Merryman and  
Divemaster

Superior Trips LLC located in the  
Facility

at Isle Royale NP and State of Michigan

Read and discuss this statement prior to signing it. You must complete this Medical Statement, which includes the medical-history section, to enroll in the scuba-training program. If you are a minor, you must have this statement signed by a parent. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe.

When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces 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 medication, consult your doctor and the instructor before participation in this program. You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical History section, review them with your instructor before signing.

### MEDICAL HISTORY - To the Participant

The purpose of this medical questionnaire is to find out if your doctor should examine you before participating 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 preexisting condition that may affect your safety while diving and you must seek the advice of your physician. Please answer **EACH ONE** the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of those items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

Are you pregnant?

**Have you ever had or do you currently have:**

- Do you have active asthma or history of emphysema or tuberculosis?
- Frequent or severe attacks of hay fever or allergy?
- Do you currently have a cold, sinusitis or bronchitis?
- Any form of lung disease?
- Have you had a 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?
- Recurring migraine headaches or take medications to prevent them?
- Do you have a history of diabetes?
- History of blackouts or fainting (full/partial loss of consciousness)?

- History of diving accidents or decompression sickness?
- History of recurrent back problems?
- History of back surgery?
- Inability to perform moderate exercise (example: walk one mile within 12 minutes)?
- History of high blood pressure or take medicine to control blood pressure?
- History of any heart disease?
- History of heart attacks?
- Angina or heart surgery or blood vessel surgery?
- History of ear disease, hearing loss or problems with balance?
- History of drug or alcohol abuse?
- Do you currently have an ear infection?
- Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- Do you have a history of bleeding or other blood disorders?
- Any other current medical condition that you feel could contradict participation in an active demanding sport such as scuba diving?

The information I have provided about my medical history is accurate to the best of my knowledge.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signatures of Parents or Guardians (Where Applicable) \_\_\_\_\_

Date \_\_\_\_\_

# STUDENT

Please print legibly

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
First Initial Last

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Zip / Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

## Name and address of your family or primary care physician

Physician: \_\_\_\_\_ Clinic/ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Date of last physical examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm / dd / yy

Name of examiner: \_\_\_\_\_ Clinic/ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Were you ever required to have a physical for diving? Yes No If so, when? \_\_\_\_\_

# PHYSICIAN

This person is an applicant for training or is presently certified to engage in scuba (self contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested.

## Physician's impression:

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Remarks: \_\_\_\_\_  
\_\_\_\_\_

Physician: \_\_\_\_\_ Clinic/ Hospital: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm / dd / yy

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