

Medical declaration for non-certified diving

TO BE COMPLETED AND SIGNED BY NON-CERTIFIED DIVER

Personal Details						
Surname			Given names			
Address						
			Phone			
Date of birth	/	/	Sex recorded at birth	Male	Female	Another term (please specify)

Have you ever suffered, or do you now 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		
Chronic sinus conditions		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery		
Epilepsy		
Fainting, seizures or blackouts		
Heart disease of any kind		
Recurrent ear problems when flying		
Tuberculosis or other long-term lung disease		

Are you currently suffering from:

	YES	NO
Breathlessness		
Chronic ear discharge or infection		
High blood pressure		
Other illness or operation within the last month		
Perforated eardrum		

	YES	NO
Are you currently taking any medication or drugs (excluding oral contraceptives)?		
Have you consumed any alcohol within the 8 hours prior to diving?		
Could you be pregnant?		
Do you understand that non-disclosure of any conditions incompatible with safe diving may put your life or health at risk?		

Signature	Date	/	/
Witness	Date	/	/