

MEDICAL STATEMENT



Helmet Diving Experience Participant Record (Confidential Information)

Please read carefully before signing.

during the helmet diving opportions. Your signature on this statement to sequined for you to participate in the helmet diving exercisence offered by		
and Commercial Divers International, 4055 S sarival Avenue, Goodyear, AZ 95039 (Facility). AZ 95039 (Facility) and this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to entil in the heimet diving experience. If you are a minor, you must have this Statement signed by a parent or guardian, Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively sate. When established safety procedures are not followed, however, there are increased risks. Divers Medical Questionnaire To the Participant: In purpose the Medical Questionnaire To the Participant: In purpose the Medical Questionnaire To the Participant: Are you dooter before participating in recreational diver training. A positive response to a question does not necessally dispusally your physician prior to periopating in diversity and presenting of the section of birth control or anti-malarial) Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you presently staking prescription medications? (with the exception of birth control or anti-malarial) Are you presently staking prescription medications? (with the exception of birth control or anti-malarial) Are you presently staking prescription medications? (with the exception of birth control or anti-malarial) Are you presently staking prescription medications? (with the exception of birth control or anti-malarial) Are you presently staking prescription medications? (with the exception of birth	involved in surface-supplied diving and of the conduct required of you during the helmet diving experience. Your signature on this statement is required for you to participate in the helmet diving experience	physical state. 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular
and Commercial Divers International, 4055 S Sarival Avenue, Goodyear, AZ 69338 (Facility 2014). A 69338 (Facility 2014) and a facility 2014 of the manufacture of the participant in this program, and on a regular basis, you should consulty you doctor an the helmet driving experience, If you are a minor, you must have this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the helmet driving experience, If you are a minor, you must have this statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct borchiques, it is rotatively state. When established safety proceedures are not followed, however, there are increased risks. Divers Medical Questionnaire is fired out if you should be examined by your doctor before participant: The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor before participant; and the processing of the purpose of the Medical Questionnaire is to fird out if you should be examined by your doctor before participant: The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor before participant; The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor before participant: The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor before participant: The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor before participant: The purpose of this Medical Questionnaire is to fird out if you should be examined by your doctor and the provision of the participant is the participant in the part of the participant is the participant in the part of the participant is the participant in the part of the participant is the participant in the part of the participant is the participant in the part of the participant is the participant in the part of t	offered by(Instructor)	
Read this statement prior to signing it. You must complete this Medical statement, which includes the medical questionnaire section, be made statement diving experience. If you are a minor, you must have this Statement signed by a parent or guardian. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. Divers Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive sponse nears that there is a presisting condition that may affect your selds while driving and your must sook the advice of your physician prior to reginging in the activities. Could you be pregnant, or are you attempting to become pregnant? Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you over 45 years of age and can answer YES to one or more of the following? • currently smoke a pipe, cigars or cigarettes • have a family history of heart attack or stroke • are outerly receiving medical care • inglib blood pressure • required received actives of history of the proposal proposal professore? Frequent or severe suffleng for modion sichness (easied, carsok, etc.)? Heart attack? Frequent or severe suffleng from modion sichness (easied, carsok, etc.)?		
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The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a previsiting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities. Could you be pregnant, or are you attempting to become pregnant? Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you over 45 years of age and can answer YES to one or more of the following? currently snoke a pipe, cigars or cigarettes have a lamily history of heart attack or stroke a recurrently receiving medical care high blood pressure or take medications to prevent them? Frequent or severe attacks of hayfever or allergy? Frequent or severe attacks of hayfever or allergy? Frequent or severe attacks of hayfever or allergy? Pheumothorax (collapsed lung)? Other chest disease or chest surgery? Behavioral health, mental or psychological problems (Panic attack, tear of closed or open spaces)? Behavioral health, mental or psychological problems (Panic attack, tear of closed or open spaces)? Frequent or severe suffering from motion sickness (seasick, carsick, et.)? The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.	applying correct techniques, it is relatively safe. When established	
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Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) Are you over 45 years of age and can answer YES to one or more of the following? • currently smoke a pipe, cigars or cigarettes • have a family history of heart attack or stroke • have a family history of heart attack or stroke • are currently receiving medical care • high blood pressure • diabetes mellitus, even if controlled by diet alone Have you ever had or do you currently have Asthma, or wheezing with breathing, or wheezing with exercise? Frequent or severe attacks of hayfever or allergy? Frequent colds, sinusitis or bronchtis? Any form of lung disease? Pheumothorax (collapsed lung)? Other chest disease or chest surgery? Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spacess)? Frequent or severe suffering from motion sickness (seasick, etc.)? Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.	Could you be pregnant, or are you attempting to become pregnant?	
Are you over 45 years of age and can answer YES to one or more of the following? • currently smoke a pipe, cigars or cigarettes • have a high cholesterol level • have a family history of heart attack or stroke • are currently receiving medical care • high blood pressure • diabetes mellitus, even if controlled by diet alone Have you ever had or do you currently have Asthma, or wheezing with breathing, or wheezing with exercise? Frequent or severe attacks of hayfever or allergy? Frequent colds, sinusitis or bronchitis? Frequent colds, sinusitis or bronchitis? Any form of lung disease? Pheumothorax (collapsed lung)? Other chest disease or chest surgery? Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? Epilepsy, seizures, convulsions or take medications to prevent them? Blackouts or fainting (full/partial loss of consciousness)? Frequent or severe suffering from motion sickness (seasick, carsick, etc.)? The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.		Inability to perform moderate exercise (example: walk 1.6 km/one mile
responsibility for omissions regarding my failure to disclose any existing or past health condition.	following? • currently smoke a pipe, cigars or cigarettes • have a high cholesterol level • have a family history of heart attack or stroke • are currently receiving medical care • high blood pressure • diabetes mellitus, even if controlled by diet alone Have you ever had or do you currently have Asthma, or wheezing with breathing, or wheezing with exercise? Frequent or severe attacks of hayfever or allergy? Frequent colds, sinusitis or bronchitis? Any form of lung disease? Pneumothorax (collapsed lung)? Other chest disease or chest surgery? Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)? Epilepsy, seizures, convulsions or take medications to prevent them? Recurring complicated migraine headaches or take medications to prevent them? Blackouts or fainting (full/partial loss of consciousness)?	Head injury with loss of consciousness in the past five years? Recurrent back problems? Back or spinal surgery? Diabetes? Back, arm or leg problems following surgery, injury or fracture? High blood pressure or take medicine to control blood pressure? Heart disease? Heart attack? Angina, heart surgery or blood vessel surgery? Sinus surgery? Ear disease or surgery, hearing loss or problems with balance? Recurrent ear problems? Bleeding or other blood disorders? Hernia? Ulcers or ulcer surgery?
Signature Signature of Parent or Guardian Date	The information I have provided about my medical history is a responsibility for omissions regarding my failure to disclose a	ccurate to the best of my knowledge. I agree to accept any existing or past health condition.
	Signature Date	Signature of Parent or Guardian Date

STUDENT

Please print legibly. Birth Date __ Name _ Age ___ Mailing Address ____ State/Province/Region_ Country _____ Zip/Postal Code _____ Home Phone (Business Phone (FAX_ Name and address of your family physician Clinic/Hospital Address___ Date of last physical examination _____ Name of examiner_ Clinic/Hospital_____ Address Email ____ Phone (Were you ever required to have a physical for diving? $\ \square$ Yes $\ \square$ No If so, when?_____ **PHYSICIAN** This person applying 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. There are guidelines attached for your information and reference. **Physician's Impression** ☐ I find no medical conditions that I consider incompatible with diving. ☐ I am unable to recommend this individual for diving. Remarks _____ Date _____ Physician's Signature or Legal Representative of Medical Practitioner Clinic/Hospital____ Address _____ Email _____ Phone (