

Medical Statement

(Confidential information)

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 in the scuba diving program. Your signature on this statement is required for you to participate in the scuba training programme offered by the Underwater Explorers Ltd. Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enrol in the scuba training program. 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.

To scuba dive safely, you should 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 coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol 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 programme, and on a regular basis thereafter upon completion. You will also 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 Questionnaire section, review them with your instructor before signing.

Medical History

To the Participant:

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 pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES or NO** not **Y or N**. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- | | |
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| <input type="checkbox"/> Could you be pregnant or are you attempting to become pregnant? | <input type="checkbox"/> Frequent or severe suffering from motion sickness (seasick, carsick, etc)? |
| <input type="checkbox"/> Do you regularly take prescription or non-prescription medications? (with the exception of birth control or anti-malarial) | <input type="checkbox"/> Dysentery or dehydration requiring medical intervention? |
| <input type="checkbox"/> 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 attacks or strokes - are currently receiving medical care - high blood pressure - diabetes mellitus, even if controlled by diet alone | <input type="checkbox"/> Any dive accidents or decompression sickness? |
| Have you ever had or do you currently have... | <input type="checkbox"/> Inability to perform moderate exercise (example: walk one mile within 12 minutes)? |
| <input type="checkbox"/> Asthma, or wheezing with breathing, or wheezing with exercise? | <input type="checkbox"/> Head injury with loss of consciousness in the past five years? |
| <input type="checkbox"/> Frequent or severe attacks of hayfever or allergy? | <input type="checkbox"/> Recurrent back problems? |
| <input type="checkbox"/> Frequent colds, sinusitis or bronchitis? | <input type="checkbox"/> Back or spinal surgery? |
| <input type="checkbox"/> Any form of lung disease? | <input type="checkbox"/> Diabetes? |
| <input type="checkbox"/> Pneumothorax (collapsed lung)? | <input type="checkbox"/> Back, arm or leg problems following surgery, injury or fracture? |
| <input type="checkbox"/> History of chest disease or chest surgery? | <input type="checkbox"/> High blood pressure or take medicine to control blood pressure? |
| <input type="checkbox"/> Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)? | <input type="checkbox"/> Heart disease? |
| <input type="checkbox"/> Epilepsy, seizures, convulsions or take medications to prevent them? | <input type="checkbox"/> Heart attack? |
| <input type="checkbox"/> Recurring complicated migraine headaches or take medications to prevent them? | <input type="checkbox"/> Angina or heart surgery or blood vessel surgery? |
| <input type="checkbox"/> Blackouts or fainting (full/partial loss of consciousness)? | <input type="checkbox"/> Sinus surgery? |
| | <input type="checkbox"/> Ear disease or surgery, hearing loss or problems with balance? |
| | <input type="checkbox"/> Recurrent ear problems |
| | <input type="checkbox"/> Bleeding or other blood disorders? |
| | <input type="checkbox"/> Hernia |
| | <input type="checkbox"/> Ulcers or ulcer surgery? |
| | <input type="checkbox"/> A colostomy or ileostomy? |
| | <input type="checkbox"/> Recreational drug use or treatment for, or alcoholism in the past five years |

The information I have provided about my medical history is accurate to the best of my knowledge. I have read and agree with the Underwater Explorers Course Booking Terms and Conditions (overleaf). I am also aware that the boats incur a separate cost, payable to boat operators.

Signature _____ Parent/Guardian (if under 18) _____ Date _____

Course Selection

Course: _____ Date(s): _____ Course Fee _____

Payment Details

Please return this Booking Form with your deposit of £200 per course or full payment if total course fee under £200.

[] Cheque made payable to Underwater Explorers Ltd Amount to be charged _____

[] Card No _____ Exp Date _____ Security No _____ Issue No (switch only) _____

Underwater Explorers

Course Booking Form

UNDERWATER EXPLORERS LTD, 15 Castletown, Portland, Dorset DT5 1BD Tel: +44 (0) 1305-824555 Fax: +44 (0) 1305-824761

Terms and Conditions

- Reservations will only be confirmed upon receipt of a complete and signed Booking Form and payment of the non refundable deposit.
- For Group Bookings the signatory or organizer accepts all the conditions on behalf of the group and has made these conditions known to all participants.
- Telephone bookings will be deemed provisional bookings for 5 working days, and will be considered cancelled unless the booking form and deposit is received within 5 working days.
- Where a deposit is made by credit card telephone method the booking is only confirmed when the fully completed booking form is received.
- The full course fees (less any deposit paid) must be paid on the course start date.
- All or any cancellations must be made in writing.
- Cancellations received within 7 days of the commencement of the course will not be subject to a refund. However, at the discretion of the Underwater Explorers, the student(s) may be able to transfer to another similar course commencing on a later date but within three months.
- Check in times will be notified for each course. These check in times must be adhered to. Failure to do so may result in the student(s) not being able to complete the course.
- Failure to participate on pool/classroom sessions or course dives will result for extra cost. In a even that student does not meet performance requirements set by training agencies during a booked course dive will result for extra cost if an other dive(s) has to be organised. These costs are to set to cover all expenses.
- The Medical Declaration must be completed by all students and submitted with the booking form. Underwater Explorers will not accept any booking which is not accompanied by the Medical Declaration, and reserves the right to cancel any booking if the Medical Declaration reveals medical conditions that render the course unsuitable for the student concerned.
- Underwater Explorers will provide each student with a Statement of Safety Policy before course commences and it is a condition of the booking that students observe the provisions of such statement and any other directions given by the Underwater Explorers during the course.
- Students shall be briefed of the safe practices involved in their chosen course. Underwater Explorers, and the instructors it employs, shall not be held responsible for any student deviating from these instructions, and inflicting self injury to others, damage to equipment, or consequential loss however arising.
- Where part of the content of a course is held outside, and due to inclement weather that part of the course cannot be held, or is delayed, cut short, or changed, then Underwater Explorers will not be responsible for any consequential loss or damage or expense incurred to the student, and any refund will be at the discretion of Underwater Explorers, and subject to any reasonable expenses.
- Underwater Explorers will not responsible for any damage, loss, or injury to students whilst they are travelling to or from, or whilst on any dive site, boat, etc. however arising.
- In the event of staff sickness, equipment failure, or insufficient students, or other such similar circumstances which make it necessary for Underwater Explorers to cancel the course, the maximum notice will be given and the full monies paid will be refunded. Underwater Explorers will not be responsible for any consequential loss or expense incurred by the student.
- Persons using the Underwater Explorers's equipment for any diving purposes will be responsible for the said equipment from the time of issue, and any loss or damage to the equipment arising from negligence of the student/hirer will be charged at replacement cost.
- Whilst on a course, if any student is unsure of their obligations or objectives, or are not fully satisfied with the function of the equipment being used, they **MUST** immediately point this out to the instructor/course leader. It is understood that unless this is carried out, the student is totally satisfied with all matters and the course will continue at the planned level.
- All students are assumed to have made their own personal assessment of their physical ability and their level of health, related to the activity being carried out. Underwater Explorers will not be responsible for any incident which relates to the poor health conditions or injury related to or from the activity concerned. The provision by the student of the Medical Declaration shall not in any way impose any responsibility on Underwater Explorers in respect of any health conditions referred to in that declaration.
- The cost of boat usage is extra to the course fee. This amount is payable to boat operators and must be paid by the end of the course.

STUDENT DETAILS:

First name _____ Surname _____

Address _____

Post code _____

Tel. Home _____ Tel. Work _____

Mobile _____ e-mail _____

Date of birth ____/____/____ Age _____ Sex: Male [] Female [] Occupation _____

Diving Qualifications _____

Diving Since _____ Last Dive Date _____ Total number of logged dives _____ Deepest Logged Dive (in metres) _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____ Mobile _____

Address _____

EQUIPMENT REQUIREMENTS: I wish to rent following equipment:

If you need us to provide you a wetsuit please state your: Height _____ Weight _____ Chest size _____ Waist _____ Hips _____

See the reverse side of this form, which requires medical declaration and course requested