SCUBA 2000
The Future of Diving is Here!

Tel: 905-771-1500
Fax: 905-771-1597
1-800-324-DIVE
dive@scuba2000.com

Scuba2000 Medical History

Scuba diving is a very safe sport. One reason is that all scuba professionals are dedicated to ensuring your safety. Prior medical conditions can have an effect on your ability to enjoy the sport safely. Completing this form will help us eliminate that possibility.

Please answer **yes** or **no** to the following list of medical related questions which will give us a good indication of whether or not you will require a Doctor's signature before your scuba program.

❑ Could you be pregnant or are you attempting to become pregnant?	❑ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
❑ Do you regularly take prescription or nonprescription medications? (with the exception of birth control or anti-malarial))	❑ Head injury with loss of consciousness in the past five years?
❑ Are you over 45 years of age **and** have one 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	❑ Recurrent back problems? ❑ Back or spinal surgery?
Have you ever had or do you currently have …	❑ Diabetes?
❑ Asthma or wheezing with breathing or wheezing with exercise?	❑ Back, arm or leg **problems** following surgery, injury or fracture?
❑ Frequent or severe attacks of hayfever or allergy?	❑ High blood pressure or medication to control blood pressure?
❑ Frequent colds, sinusitis or bronchitis?	❑ Heart disease?
❑ Any form of lung disease?	❑ Heart attack?
❑ Pneumorthorax (collapsed lung)?	❑ Angina, heart surgery or blood vessel surgery?
❑ Other chest disease or chest surgery?	❑ Sinus surgery?
❑ Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?	❑ Ear disease or surgery, hearing loss or problems with balance?
❑ Epilepsy, seizures, convulsions or take medications to prevent them?	❑ Recurrent ear problems?
❑ Recurring complicated migraine headaches or take medications to prevent them?	❑ Bleeding or other blood disorders?
❑ History of blackouts or fainting (full/partial loss of consciousness)?	❑ Hernia?
❑ Do you frequently suffer from motion sickness (seasick, carsick, etc.)?	❑ Ulcers or ulcer surgery?
❑ Dysentery or dehydration requiring medical intervention?	❑ A colostomy or ileostomy?
❑ Any dive accidents or decompression sickness?	❑ 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.

_____ _____
Participants Signature Date

_____ _____
Signature s of Parent or Guardian (where applicable) Date

If you answered yes to any question please contact us immediately so that we may discuss your medical condition with you and supply the appropriate form if necessary.

Note carefully: If required, a proper medical form signed by your doctor must be submitted prior to commencing your training program.