

Medical history

To the participants: This medical history is for deciding whether you should see a doctor or not before joining in a scuba diving. Even though you answer the following questions to "Yes", it does not mean that you can never qualify for dive. If you answer "Yes " to any of them, it means that, you require a doctor's advice to reveal the obstacle factors for safe dive.

Answer the following questions about your past and current medical history by "Yes" or "No"- Complete "Yes" as Y or "No" as N. When you cannot decide which answer it is, you should complete "Yes: Y" for safety. If you answer "Yes: Y" to any of them, you must produce your medical certificate before entering this program.

- _____ 1. Do you currently have otitis media or external otitis?
- _____ 2. Have you ever had an ear disease? Also, have you ever had hearing loss or problems with balance - dizziness or wobbliness?
- _____ 3. Have you ever gone through an operation of ears or paranasal sinuses?
- _____ 4. Currently, do you have a cold, nasal congestion, sinusitis or bronchitis?
- _____ 5. Have you ever had respiratory diseases, heavy hay fever, severe allergies or chest trouble?
- _____ 6. Have you ever suffered of pneumothorax or had a chest operation?
- _____ 7. Currently, do you have an active asthma? Or have you ever got T.B. or pulmonary emphysema?
- _____ 8. Currently, are you taking any medicines that may influence your physical or mental capacity ?
- _____ 9. Do you have health or mental troubles which affect your everyday actions ?
- _____ 10. Are you pregnant or could you be pregnant?
- _____ 11. Have you ever had an operation of the colon (large intestine) excision?
- _____ 12. Have you ever had hypertension or angina pectoris? Also, do you take an antihypertensive drug at present?
- _____ 13. Question addressed for persons of 45 year of age or over: do you have a family history of heart diseases or strokes?
- _____ 14. Do you have a family history of hemophilia, or other blood diseases ?
- _____ 15. Have you ever been diabetic ?
- _____ 16. Have you every fainted , or do you have a medical history of spasm or epilepsy?
Also, are you taking any preventive medicine for the same ?
- _____ 17. Do you still have aftereffects in the back, arms or legs caused by injuries, fractures or operations?
- _____ 18. Do you have claustrophobia or a medical history of claustrophobia, or have you ever had panic attacks?

I understand that this notice about the risks is not just limited to only notes, and the above information represents an accurate detail about my medical history. I sign to confirm full contents of this risk notice and the medical history. If I am a minor , I sign with the person who has parental authority.

Signature of participant:	Date: / /
Signature of person in parental authority:	Date: / /