

# Try-Dive Student Record

CONFIDENTIAL

PLEASE PRINT LEGIBLY

Full name: \_\_\_\_\_

First

Initial

Last

Birth Date: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Shoe Size: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Postcode \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact/Parent or Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

"We would grateful if could take a minute to answer these"

How did you find out about us?

Have you ever scuba-dived before?

Have you ever been snorkelling?

Would you like to gain a scuba diving qualification?

Would you like to dive in the UK or just when you are on holiday?

Thanks

**For dive crew Use**

Date: \_\_\_\_\_

Venue: \_\_\_\_\_

Forms checked: [supervisor initial]

DSD skills:

- Partial Mask
- Regulator clear
- Regulator recovery
- AAS stationery
- Swimming around
- Ears
- SPG

Instructor: \_\_\_\_\_

PADI Number: \_\_\_\_\_

Notes: \_\_\_\_\_

Entered: \_\_\_\_\_



Name: \_\_\_\_\_ DOB: \_\_\_\_\_



# MEDICAL STATEMENT

Participant Record (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 during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by Steve Bateman and \_\_\_\_\_  
Instructor  
ProScuba located in the \_\_\_\_\_  
Facility  
city of \_\_\_\_\_, state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll 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 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 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.

## Divers Medical Questionnaire

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 preexisting 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**. 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.

- 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 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

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- 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 ?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

### 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)?
- 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_



# STATEMENT OF RISKS AND LIABILITY

(PADI International Ltd)

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**Please read carefully and fill in all blanks before signing.**

This is a statement in which you are informed of the risks of skin and scuba diving. The statement also sets out the circumstances in which you participate in the diving programme at your own risk.

Your signature on this statement is required as proof that you have received and read this statement. It is important that you read the contents of this statement before signing it. If you do not understand anything contained in this statement, then please discuss it with your instructor. If you are a minor, this form must also be signed by a parent or guardian.

## WARNING

Skin and scuba diving have inherent risks which may result in serious injury or death.

Diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. Open water diving trips which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during this diving programme. You must advise truthfully and fully inform the dive professionals and the facility through which this programme is offered of your medical history.

## EXCLUSION OF LIABILITY

I understand and agree that neither the dive professionals conducting this programme, \_\_\_\_\_, nor the facility through which this programme is conducted, \_\_\_\_\_, nor PADI International Ltd., nor PADI Americas, Inc., nor their affiliate or subsidiary corporations, nor any of their respective employees, officers, agents or assigns (hereinafter referred to as "Released Parties") accept any responsibility for any death, injury or other loss suffered or caused by me or resulting from my own conduct or any matter or condition under my control that amounts to my own contributory negligence.

In the absence of any negligence or other breach of duty by the dive professionals conducting this programme, \_\_\_\_\_, the facility through which this programme is offered, \_\_\_\_\_, PADI International Ltd., PADI Americas, Inc., and all released entities and released parties as defined above, my participation in this diving programme is entirely at my own risk.

I acknowledge receipt of this Statement and have read all of the terms before signing this Statement.

\_\_\_\_\_  
Participant Name (Please Print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent/Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)