

Signature \_\_\_\_\_

## **Medical examination / assessment of Sport Divers**(confidential information)

- Please complete all relevant sections and tick box(es) where appropriate.
- Write clearly and please print.

Completed forms should be send with application and a copy should be saved by the Diver.

Diver's personal details:				
Last name		First na	ame	
Date of Birth		Sex:	Female ()	Male ()
Address				
Nationality		Level o	f Disability	
Type of Medical:				
Preliminary Examination() Rene	wal Exa	mination	()	
Date of examination			Date of expiry	
Is the diver medically fit to dive?	Yes	()	No (	()
If Yes, are there any restrictions?	Yes	()	No	()
If Yes, please explain				
Examining Doctor's details:				
Name			Stamp	
Address			Date	
			Dale	

## In order to participate in diving activities you are required to read this statement, complete and sign this form and have a physician fill out and sign the section on page 1.

Before you become engaged with scuba diving activities it is important that you are aware of some of the potential risks involved. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. When however, established safety procedures are not followed there are dangers.

To scuba dive safely, you should endeavour to maintain good health. Avoid being excessively overweight, and avoid being in poor physical condition. All your body air spaces must be effective and healthy. A person who suffers from any severe medical problem, is in ill health, or does not feel well should not dive. If you are taking medication, consult your doctor and your instructor before participating in any activity.

Your instructor will teach you the important safety rules regarding scuba diving. Improper use of scuba equipment can result is serious injury. In

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Suffer from spasms?

Suffer from Deep Vein Thrombosis (DVT)?

order to dive safely you must be thoroughly familiar with your equipment and know ho	w to use	it correct	ly.		, , , , , , , , , , , , , , , , , , ,
General Information.					
Are you a swimmer?	Yes	()	No	()	
Do you have snorkelling/diving experience?	Yes	()	No	()	
Do you have any swimming, snorkelling or diving diploma's?	Yes	()	No	()	
<u>Medical History.</u>					
Please answer the following questions regarding your past and/or present med answer YES. If you do not understand the question please ask your instructor For your own safety and in accordance with IAHD standards, you are required to conseless complete all three pages prior to your medical examination. Take this form with may complete and sign the section on page 1 of this form.	or docto sult with a	r to expl physicia	ain. In prior to p	participating in	scuba diving.
Could you be pregnant or are you attempting to become pregnant?		()	No	()	
Do you regularly take prescription or non prescription medications?  (with exception of birth control)	Yes	()	No	()	
Are you over 45 years of age and have one or more of the following:	V		N.		
Currently smoke a pipe, cigar or cigarette?	Yes	()	No	()	
Have a high cholesterol level?	Yes	()	No	()	
Have a family history of heart attacks or strokes?  If you are disabled through illness or injury, how long ago did it happen	Yes	()	No	()	
Should you answer YES to any of the questions below, please give	<u>re a bri</u>	ef expl	<u>anation</u>	<u>where nec</u>	<u>essary.</u>
Do you: Use a catheter? Type: Have any time had decubitus ulcers (pressure sores)? If					
Have any time had decubitus ulcers (pressure sores)?If	YES, w	hen?_			
Present condition?					
Present condition? If YES, explain:					
Have any problems with your ability to perspire? If YES, exp	olain:				
Suffer from heat loss problems, thermoregulation? If YES, exp	olain:				
Have any loss of muscle control in the mouth or lips? If YES, exp	olain:				

Have any hearing loss? Have any allergies? Please state any other medical problem(s) not covered:

Suffer from Dysreflexia? \_\_\_\_\_ If YES, can you treat yourself? \_\_\_\_\_

Have any speech impairment?

If not, will you have someone present who can?

## Have you ever had or do you currently suffer from:

Frequent or severe attacks of hay fever?  Frequent colds, sinusitis or bronchitis?  Any form of lung disease?  Pneumothorax (collapsed lung)?  A history of chest surgery?  Claustrophobia or agoraphobia (fear of closed or open spaces)?  Pes () No ()  Behavioural health problems?  Frequent problems?  Claustrophobia or agoraphobia (fear of closed or open spaces)?  Fres () No ()  Behavioural health problems?  Frequent problems?  Yes () No ()  Fillepsy, seizures, convulsions or take medication to prevent them?  Frequent problems?  Frequent colds, sinusities or take medication to prevent them?  Frequent problems?  Frequent problems?  Yes () No ()  Frequent problems?  Yes () No ()  Frequent problems?  Yes () No ()  Frequent problems?  Frequent problems with your cough reflex or intercostal muscles?  Yes () No ()  A history of diving accidents or decompression sickness?  Yes () No ()  A history of back surgery?  Yes () No ()  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture?  Yes () No ()  Any high blood pressure or take medication for controlling it?  Yes () No ()  A history of any heart attacks?  Yes () No ()  A history of ear or sinus surgery?  A history of beeding or other disorders?  Any problems equalising your ears with air or mountain travel?  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of or golestomy?  Yes () No ()  A history of or golestomy?	Asthma or wheezing with breathing, or wheezing with exercise?	Yes	()	No	()
Any form of lung disease? Pneumothorax (collapsed lung)? A history of chest surgery? Yes () No () Claustrophobia or agoraphobia (fear of closed or open spaces)? Pes () No () Behavioural health problems? Yes () No () Epilepsy, seizures, convulsions or take medication to prevent them? Yes () No () Epilepsy, seizures, convulsions or take medication to prevent them? Yes () No () Epilepsy, seizures, convulsions or take medication to prevent them? Yes () No () A history of blackouts or fainting (full/partial loss of consciousness)? Yes () No () Motion sickness (seasick, carsick, etc.)? Yes () No () Problems with your cough reflex or intercostal muscles? Yes () No () A history of diving accidents or decompression sickness? Yes () No () A history of back surgery? Yes () No () A history of back surgery? Yes () No () A history of diabetes? Yes () No () Any back, arm or leg problems after surgery, injure or fracture? Yes () No () Any high blood pressure or take medication for controlling it? Yes () No () A history of any heart attacks? Yes () No () A history of heart disease? Yes () No () A history of ear or sinus surgery? Yes () No () A history of ear disease, hearing loss or problems with balance? Yes () No () Any problems equalising your ears with air or mountain travel? Yes () No () A history of any type of hernia? Yes () No () A history of dugl or alcohol abuse?	Frequent or severe attacks of hay fever?	Yes	()	No	()
Pneumothorax (collapsed lung)?  A history of chest surgery?  Claustrophobia or agoraphobia (fear of closed or open spaces)?  Behavioural health problems?  Epilepsy, seizures, convulsions or take medication to prevent them?  Epilepsy, seizures, convulsions or take medication to prevent them?  Epilepsy, seizures, convulsions or take medication to prevent them?  Epilepsy, seizures, convulsions or take medication to prevent them?  Epilepsy, seizures, convulsions or take medication to prevent them?  Epilepsy, seizures, convulsions or take medication to prevent them?  Yes  No  Cl  A history of blackouts or fainting (full/partial loss of consciousness)?  Yes  No  Cl  Motion sickness (seasick, carsick, etc.)?  Problems with your cough reflex or intercostal muscles?  Yes  No  Cl  A history of diving accidents or decompression sickness?  Yes  No  Cl  A history of back surgery?  Yes  No  Cl  A history of back surgery?  Yes  No  Cl  A history of diabetes?  Yes  No  Cl  Any back, arm or leg problems after surgery, injure or fracture?  Yes  No  Cl  Any high blood pressure or take medication for controlling it?  Yes  No  Cl  A history of any heart attacks?  Yes  No  Cl  A history of heart disease?  Yes  No  Cl  A history of heart disease?  Yes  No  Cl  A history of ear or sinus surgery?  Yes  No  Cl  A history of ear disease, hearing loss or problems with balance?  Yes  No  Cl  Any problems equalising your ears with air or mountain travel?  Yes  No  Cl  Any problems equalising your ears with air or mountain travel?  Yes  No  Cl  Any loss of sensory responses (feeling)?  A history of drug or alcohol abuse?  Yes  No  Cl  A history of drug or alcohol abuse?  Yes  No  Cl  A history of drug or alcohol abuse?	Frequent colds, sinusitis or bronchitis?	Yes	()	No	()
A history of chest surgery?  Claustrophobia or agoraphobia (fear of closed or open spaces)?  Pess () No ()  Behavioural health problems?  Epilepsy, seizures, convulsions or take medication to prevent them?  Pess () No ()  Epilepsy, seizures, convulsions or take medication to prevent them?  Pess () No ()  Recurring migraine headaches or take medication to prevent them?  Pess () No ()  A history of blackouts or fainting (full/partial loss of consciousness)?  Problems with your cough reflex or intercostal muscles?  Problems with your cough reflex or intercostal muscles?  Problems with your cough reflex or intercostal muscles?  Pess () No ()  A history of diving accidents or decompression sickness?  Pess () No ()  A history of recurrent back problems?  Pess () No ()  A history of diabetes?  Pess () No ()  A history of diabetes?  Pess () No ()  An inability to perform moderate exercises?  Pess () No ()  An inability to perform moderate exercises?  Pess () No ()  Any high blood pressure or take medication for controlling it?  Pess () No ()  A history of any heart attacks?  Pess () No ()  A history of heart disease?  Pess () No ()  A history of heart disease, hearing loss or problems with balance?  Pess () No ()  A history of bleeding or other disorders?  Pess () No ()  A history of bleeding or other disorders?  Pess () No ()  A history of any type of hernia?  Pess () No ()  A history of drug or alcohol abuse?  Pess () No ()  A history of drug or alcohol abuse?  Pess () No ()	Any form of lung disease?	Yes	()	No	()
Claustrophobia or agoraphobia (fear of closed or open spaces)?  Pes () No ()  Behavioural health problems?  Yes () No ()  Epilepsy, seizures, convulsions or take medication to prevent them?  Recurring migraine headaches or take medication to prevent them?  A history of blackouts or fainting (full/partial loss of consciousness)?  Wes () No ()  Motion sickness (seasick, carsick, etc.)?  Problems with your cough reflex or intercostal muscles?  A history of diving accidents or decompression sickness?  Yes () No ()  A history of of back surgery?  A history of diabetes?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of any type of hernia?  A history of oany type of hernia?  A history of ducers or ulcer surgery?  A history of oany type of hernia?  A history of ducers or ulcer surgery?  A history of oany type of hernia?  A history of ducers or ulcer surgery?  A history of oany type of hernia?  A history of ducers or ulcer surgery?  A history of oany type of hernia?  A history of oany type of hernia?  A history of ducers or ulcer surgery?  A history of oany type of hernia?  A history of ducers or ulcer surgery?	Pneumothorax (collapsed lung)?	Yes	()	No	()
Behavioural health problems?  Epilepsy, seizures, convulsions or take medication to prevent them?  Yes () No ()  Recurring migraine headaches or take medication to prevent them?  Yes () No ()  Recurring migraine headaches or take medication to prevent them?  Yes () No ()  A history of blackouts or fainting (full/partial loss of consciousness)?  Yes () No ()  Motion sickness (seasick, carsick, etc.)?  Yes () No ()  Problems with your cough reflex or intercostal muscles?  Yes () No ()  A history of diving accidents or decompression sickness?  Yes () No ()  A history of recurrent back problems?  Yes () No ()  A history of back surgery?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  Any high blood pressure or take medication for controlling it?  Yes () No ()  A history of any heart attacks?  Yes () No ()  A history of heart disease?  Yes () No ()  A history of heart disease, hearing loss or problems with balance?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  A history of bleeding or other disorders?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of dividers or ulcer surgery?  Yes () No ()  A history of dividers or ulcer surgery?  Yes () No ()	A history of chest surgery?	Yes	()	No	()
Behavioural health problems?  Epilepsy, seizures, convulsions or take medication to prevent them?  Yes () No ()  Recurring migraine headaches or take medication to prevent them?  Yes () No ()  Recurring migraine headaches or take medication to prevent them?  Yes () No ()  A history of blackouts or fainting (full/partial loss of consciousness)?  Yes () No ()  Motion sickness (seasick, carsick, etc.)?  Yes () No ()  Problems with your cough reflex or intercostal muscles?  Yes () No ()  A history of diving accidents or decompression sickness?  Yes () No ()  A history of recurrent back problems?  Yes () No ()  A history of back surgery?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  Any high blood pressure or take medication for controlling it?  Yes () No ()  A history of any heart attacks?  Yes () No ()  A history of heart disease?  Yes () No ()  A history of heart disease, hearing loss or problems with balance?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  A history of bleeding or other disorders?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of dividers or ulcer surgery?  Yes () No ()  A history of dividers or ulcer surgery?  Yes () No ()	Claustrophobia or agoraphobia (fear of closed or open spaces)?	Yes	()	No	()
Recurring migraine headaches or take medication to prevent them?  A history of blackouts or fainting (full/partial loss of consciousness)?  Yes () No ()  Motion sickness (seasick, carsick, etc.)?  Problems with your cough reflex or intercostal muscles?  A history of diving accidents or decompression sickness?  Yes () No ()  A history of recurrent back problems?  Yes () No ()  A history of back surgery?  Yes () No ()  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  An history of any heart attacks?  Yes () No ()  A history of any heart attacks?  Yes () No ()  A history of heart disease?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  Any problems equalising your ears with air or mountain travel?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  No ()		Yes	()	No	()
A history of blackouts or fainting (full/partial loss of consciousness)? Yes () No ()  Motion sickness (seasick, carsick, etc.)? Yes () No ()  Problems with your cough reflex or intercostal muscles? Yes () No ()  A history of diving accidents or decompression sickness? Yes () No ()  A history of recurrent back problems? Yes () No ()  A history of back surgery? Yes () No ()  A history of diabetes? Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture? Yes () No ()  An inability to perform moderate exercises? Yes () No ()  Any high blood pressure or take medication for controlling it? Yes () No ()  Angina or heat surgery or blood vessel surgery? Yes () No ()  A history of ear or sinus surgery? Yes () No ()  A history of ear or sinus surgery? Yes () No ()  A history of ear disease, hearing loss or problems with balance? Yes () No ()  Any problems equalising your ears with air or mountain travel? Yes () No ()  Any loss of sensory responses (feeling)? Yes () No ()  A history of drug or alcohol abuse? Yes () No ()  A history of drug or alcohol abuse? Yes () No ()  A history of drug or alcohol abuse? Yes () No ()	Epilepsy, seizures, convulsions or take medication to prevent them?	Yes	()	No	()
Motion sickness (seasick, carsick, etc.)?  Problems with your cough reflex or intercostal muscles?  A history of diving accidents or decompression sickness?  A history of recurrent back problems?  A history of back surgery?  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  Any high blood pressure or take medication for controlling it?  Yes () No ()  A history of any heart attacks?  Yes () No ()  Angina or heat surgery or blood vessel surgery?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  Any problems equalising your ears with air or mountain travel?  Yes () No ()  A history of sensory responses (feeling)?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?	Recurring migraine headaches or take medication to prevent them?	Yes	()	No	()
Problems with your cough reflex or intercostal muscles?  A history of diving accidents or decompression sickness?  A history of recurrent back problems?  A history of back surgery?  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Yes () No ()  A history of heart disease?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  Any problems equalising your ears with air or mountain travel?  Yes () No ()  Any loss of sensory responses (feeling)?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()	A history of blackouts or fainting (full/partial loss of consciousness)?	Yes	()	No	()
A history of diving accidents or decompression sickness?  A history of recurrent back problems?  A history of back surgery?  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture?  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of heart disease?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()	Motion sickness (seasick, carsick, etc.)?	Yes	()	No	()
A history of recurrent back problems?  A history of back surgery?  A history of diabetes?  Yes () No ()  A history of diabetes?  Yes () No ()  Any back, arm or leg problems after surgery, injure or fracture?  Yes () No ()  An inability to perform moderate exercises?  Yes () No ()  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Yes () No ()  A history of heart disease?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear or sinus surgery?  Yes () No ()  A history of ear disease, hearing loss or problems with balance?  Yes () No ()  Any problems equalising your ears with air or mountain travel?  Yes () No ()  A history of bleeding or other disorders?  Yes () No ()  Any loss of sensory responses (feeling)?  Yes () No ()  A history of any type of hernia?  Yes () No ()  A history of drug or alcohol abuse?  Yes () No ()	Problems with your cough reflex or intercostal muscles?	Yes	()	No	()
A history of back surgery?  A history of diabetes?  Any back, arm or leg problems after surgery, injure or fracture?  An inability to perform moderate exercises?  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  A history of heart disease?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  A history of bleeding or other disorders?  A history of bleeding or other disorders?  A history of any type of hernia?  A history of any type of hernia?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of diving accidents or decompression sickness?	Yes	()	No	()
A history of diabetes?  Any back, arm or leg problems after surgery, injure or fracture?  An inability to perform moderate exercises?  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  A history of heart disease?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  A history of bleeding or other disorders?  A history of bleeding or other disorders?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of recurrent back problems?	Yes	()	No	()
Any back, arm or leg problems after surgery, injure or fracture?  An inability to perform moderate exercises?  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of back surgery?	Yes	()	No	()
An inability to perform moderate exercises?  Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of diabetes?	Yes	()	No	()
Any high blood pressure or take medication for controlling it?  A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	Any back, arm or leg problems after surgery, injure or fracture?	Yes	()	No	()
A history of any heart attacks?  Angina or heat surgery or blood vessel surgery?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	An inability to perform moderate exercises?	Yes	()	No	()
Angina or heat surgery or blood vessel surgery?  A history of heart disease?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	Any high blood pressure or take medication for controlling it?	Yes	()	No	()
A history of heart disease?  A history of ear or sinus surgery?  A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of any heart attacks?	Yes	()	No	()
A history of ear or sinus surgery?  A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  Any loss of sensory responses (feeling)?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	Angina or heat surgery or blood vessel surgery?	Yes	()	No	()
A history of ear disease, hearing loss or problems with balance?  Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of heart disease?	Yes	()	No	()
Any problems equalising your ears with air or mountain travel?  A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  Yes  No  No  No  O  No  O  No  O  O  No  O  O  O  O  O  O  O  O  O  O  O  O  O		Yes	()	No	()
A history of bleeding or other disorders?  Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  No  No  No  No  No  No  No  No  N	A history of ear disease, hearing loss or problems with balance?	Yes	()	No	()
Any loss of sensory responses (feeling)?  A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes  No  Yes  No  No  No  O  No  No	Any problems equalising your ears with air or mountain travel?	Yes	()	No	()
A history of any type of hernia?  A history of ulcers or ulcer surgery?  A history of drug or alcohol abuse?  Yes () No ()  Yes () No ()	A history of bleeding or other disorders?	Yes	()	No	()
A history of ulcers or ulcer surgery? Yes () No () A history of drug or alcohol abuse? Yes () No ()	Any loss of sensory responses (feeling)?	Yes	()	No	()
A history of drug or alcohol abuse? Yes () No ()	A history of any type of hernia?	Yes	()	No	()
	A history of ulcers or ulcer surgery?	Yes	()	No	()
A history of colostomy?	A history of drug or alcohol abuse?	Yes	()	No	()
7. Thought of conditions:	A history of colostomy?	Yes	()	No	()

## The information I have given above is accurate to the best of my knowledge.

Name:	Date:
signature	signature of parent or guardian if applicable