

To be completed and signed by
ALL scuba divers

MEDICAL DECLARATION FOR RESORT DIVING

Safety information for certificated scuba divers

FORM 26 (V2.06-04)

Workplace Health and Safety Act 1995

Personal details

Surname _____ Given Names _____
 Address _____
 Phone _____
 Date of Birth _____ Sex male female

Have you suffered from, or do you now suffer from, any of the following-

	yes	no
Asthma or wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus conditions		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery		
Epilepsy		
Fainting, seizures or blackouts		
Heart disease of any kind		
Recurrent ear problems when flying		
Tuberculosis or other long-term lung disease		

Are you currently suffering from-

	yes	no
Breathlessness		
Chronic ear discharge or infection		
High blood pressure		
Other illness or operation within the last month		
Perforated eardrum		

	yes	no
Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Have you ingested any alcohol within the 8 hours prior to diving?		
Are you pregnant?		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		

Signature:..... Date / /
 Witness:..... Date / /