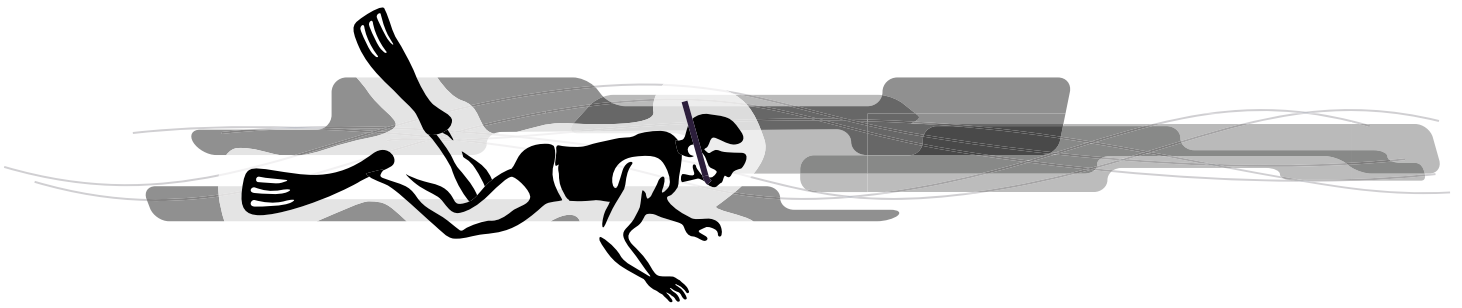




MEDICAL DECLARATION FOR RESORT DIVING

TO BE COMPLETED AND SIGNED BY RESORT DIVER		
Personal details		
Surname	Given Names	
Address _____		
Phone _____		
Date of birth	/	/
Sex:	Male	Female
Have you suffered, 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	/ /



DOCUMENTED METHOD OF PROVIDING ADVICE ABOUT MEDICAL CONDITIONS TO PROSPECTIVE RECREATIONAL SNORKELLERS

Reference the Workplace Health and Safety Regulation 1997 Section 86I and the Compressed Air Recreational Diving and Recreational Snorkelling Code of Practice 2005 Section 2.2.2

Medical Declaration - recreational snorkellers

I (*print name*) _____

declare that I have been advised snorkelling can be a strenuous physical activity and may increase the health and safety risks to me if I am suffering from:

A. Any medical conditions that may be made worse by physical exertion.

For example heart disease, asthma, some lung complaints

B. Any medical condition that can result in loss of consciousness.

For example some forms of epilepsy and some diabetic conditions

C. Asthma that can be brought on by cold water or salt water mist

I have been advised that snorkelling can be a strenuous physical activity even in calm water and that older persons are at an increased risk of death and injury due to a higher incidence of medical conditions made worse by physical exertion, such as heart disease and stroke.

I have been advised to tell the lookout, snorkelling supervisor or snorkelling guide if I have any concerns about a medical condition.

Signature _____ Date _____

Parent's or guardian's signature for minors _____

Note: It is recommended persons with a medical condition and older persons intending to snorkel should:

A. Snorkel in an area which allows the lookout or snorkelling supervisor to offer closer supervision.

B. Wear a flotation device that will support the wearer in a relaxed state.

C. Snorkel in a buddy pair

