

## Sport Diving Medical Form - 2016

**New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.**

*Fees for a medical examination are the responsibility of the diver.*

### NOTES TO DIVER:

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a medical referee (listed on <http://ukdmc.org>).

### IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE

CAPITALS PLEASE

Name:		Date of birth:
Address:		
Postcode:	Telephone:	Occupation:
Dive organisation:	Branch:	Membership no:

### Diver Medical Health Questionnaire

1	Have you ever suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?	
2	Have you ever had chest or heart surgery?	
3	Have you ever had significant bleeding or blood disorders?	
4	Have you ever suffered from or had to take medication for asthma?	
5	Have you ever had collapsed lung or pneumothorax?	
6	Have you ever had any other chest or lung disease or problems?	
7	Have you ever suffered from blackouts, fainting or recurrent dizziness?	
8	Have you had regular ear problems in the past ten years?	
9	Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?	
10	Have you ever had epilepsy or fits?	
11	Have you ever had recurrent migraines?	
12	Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?	
13	Have you had a head injury with loss of consciousness in the past 5 years?	
14	Have you ever had any back or spinal surgery? Or had any serious back problems?	
15	Have you ever had any mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?	
16	Have you had any problem with alcohol or drug abuse in the last five years?	
17	Do you have diabetes?	
18	Are you taking any prescribed medication (except the contraceptive pill)?	
19	Are you currently receiving medical care or have you consulted a doctor in the last year other than for trivial issues e.g. common cold, infection or minor injury?	
20	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?	
21	Have you ever had, or been treated for, decompression illness?	

I hereby declare that I have answered 'No' to all of the questions above and that to the best of my knowledge, I am in good health and declare that I have not omitted any information which might be relevant to my fitness for diving. Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

Signed:	Date:
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(Signature of Parent or Guardian if under the age of 18)

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT PLEASE SPEAK TO A MEDICAL REFEREE FOR GUIDANCE.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE QUESTIONS ABOVE PLEASE COMPLETE THE SEPARATE MEDICAL REFEREE FORM

Available from [www.bsac.com/medicalform](http://www.bsac.com/medicalform) or from <http://ukdmc.org>