

Discover Scuba Diving Statement (PADI International Ltd.)

Participant Information (Please Print)

First Name _____ Middle Initial _____ Last _____
Mailing Address _____
City _____ State _____
Post Code / Zip _____ Country _____
Phone (_____) _____ Work Phone (_____) _____
Email _____ Birthdate _____ Day / Month / Year

IN CASE OF EMERGENCY, CONTACT

Name _____ Relationship _____ Phone (_____) _____

PADI EXPERIENCE PROGRAMMES CERTIFICATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK

Please read carefully and fill in all blanks before signing.

This is a statement in which you are informed of risks and scuba diving. The statement also sets out the circumstances in which you participate in the diving course 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. It is important that you do not fly immediately after scuba diving. Your Instructor will provide you with the current flying after diving guidelines. 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 course. You must advise truthfully and fully inform the instructor(s) and the facility through which this training is offered of your medical history.

EXCLUSION OF LIABILITY

Neither the Instructor(s) _____, the facility through which this training is offered, _____, PADI International Ltd., or International PADI, Inc., accept any responsibility for any death, injury or other loss suffered or caused by you or resulting from your own conduct or any matter or condition under your control which amounts to your own contributory negligence. In the absence of any negligence or other breach of duty by the instructor(s) _____, the facility through which this training is offered, _____ PADI International Ltd., and International PADI, Inc., your participation in this diving course is entirely at your own risk.

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

Signature of Participant _____ Date _____ Day / Month / Year

Signature of Parent or Guardian (where applicable) _____ Date _____ Day / Month / Year

PADI EXPERIENCE PROGRAMMES – MEDICAL STATEMENT

Please read carefully before signing. (Confidential Information)

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 PADI Experience Programmes. Your signature on this statement is required in order to participate in PADI Experience Programme(s) offered by (Instructor). _____

and _____ (facility), located in the city of _____, and the state / country of _____.

Read this statement prior to signing it. You must complete this PADI Experience Programmes Medical Statement/Questionnaire, which includes the medical history section, to enroll in the PADI Experience Programmes. If you are a minor, you must have this PADI Experience Programmes Medical Statement/Questionnaire signed by a parent or guardian.

Scuba diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must 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 heart trouble, a current cold or taking medication, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this programme.

MEDICAL HISTORY / QUESTIONNAIRE

To the Participant:

The purpose of this medical history questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and 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 a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery?
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, severe attack of hayfever or allergies, or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- _____ Do you have behavioural health problems or a nervous system disorder?
- _____ Are you could you be pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina or take medication to control blood pressure?
- _____ Are you over 45 and have a family history of heart attack or stroke?
- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- _____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

The information I have provided about my medical history is accurate to the best of my knowledge.

Name _____
Address _____

Participant Signature _____ Date _____
Day / Month / Year

Parent / Guardian Signature (where applicable) _____ Date _____
Day / Month / Year