



**Clearwater Marine Aquarium
Volunteer Diving Medical Questionnaire and Statement
(Confidential Information)**

- **Please read carefully before signing.** This is a statement in which you are informed of potential risks involved in diving and of the conduct required of you during diving operations here at CMA. Your Signature on this statement is required for you to participate in diving operations at CMA. Read this statement prior to signing it. This statement must be completed in full in order for you to participate in diving operations here at CMA. If you are a minor, you must have a legal guardian/parent sign this statement in order to allow permission for you to participate in diving operations at CMA.

- **Diving can be a very demanding and strenuous activity.** You should be physically and mentally fit before and during diving activities.

- **The purpose of this Medical Questionnaire is to determine if you should be examined by a doctor or licensed physician before participating in diving operations.** A “YES” answer to any of the following questions does not necessarily disqualify you from diving with CMA. A “YES” response means that you have a pre-existing condition that may affect your safety while conducting diving operations, and you will be directed to seek advice of a licensed physician at your own expense prior to participating in diving operations with CMA. **(Please answer all questions with a “YES” or “NO”)**

____ Could you be pregnant, or are you attempting to become pregnant?

____ Are you presently taking prescription medications? (with exception of birth control)

____ Are you over 45 years of age and can answer YES to one or more of the following:

- Currently smoke (pipe, cigars, or cigarettes)
- Have a high cholesterol level
- Have a family history of heart attack or stroke
- Are currently receiving medical care
- High blood pressure
- Diabetes mellitus, even if controlled by diet alone



Have you ever had or do you currently have any of the following:

- Asthma, wheezing with breathing, wheezing with exercise?
- Frequent or severe attacks of hay fever or allergy?
- Frequent colds, sinusitis or bronchitis
- Any form of lung disease?
- Pneumothorax (collapsed lung)?
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological concerns (Panic attack, autism, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions, or take medication to prevent them?
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full or partial)
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk a mile within 15 min)?
- Head injury with loss of consciousness in the past five years?
- Recurrent back problems?
- Diabetes?
- Back, arm, or leg problems following surgery, injury, or fracture?
- High blood pressure or take medication to control blood pressure?
- Heart disease?
- Heart Attack?
- Angina, heart surgery, or blood vessels surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss, or problems balancing?
- Recurring ear problems?
- Bleeding or other blood disorders?



___ Hernia?

___ Ulcers or ulcer surgery?

___ A colostomy or ileostomy?

___ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions.

_____ Printed Name

_____ Signature _____ Date

_____ Parent/Legal Guardian _____ Date

DIVER

Name (FML) _____ Birth Date _____

Age _____

Mailing
Address _____

City _____

State/Province/Region _____



Country _____

Zip/Postal Code _____

Home Phone () _____

Cell Phone () _____

Email _____



PHYSICIAN

Physician _____
Facility _____

Address _____ City _____
Zipcode _____

Phone Number _____
Email _____

Date of physical examination _____

Signature _____

Physician's Overall Impression

- I find no medical condition that I consider incompatible with diving for this diver.
- I am unable to recommend this individual for diving.

Remarks
