

# Dive Buddy Course Application

**Participant's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
First Middle Family day month year

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Contact Telephone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Site:** \_\_\_\_\_

**LEVEL OF CERTIFICATION:** [ ] OPEN WATER DIVER [ ] ADVANCED DIVER [ ] OTHER \_\_\_\_\_

**Diver Training Agency** \_\_\_\_\_ **Member Number** \_\_\_\_\_ **Date Issued** \_\_\_\_\_

**SEARCHABLE DATABASE:**

To facilitate people with disabilities in finding appropriate Dive Professionals, you will be listed on the HSA Website in our searchable data base. Your name, city, state, country, contact telephone number, email and website will be displayed in searches. If you wish to be removed please contact HSA at [webmaster@hsascuba.com](mailto:webmaster@hsascuba.com)

Participants Signature \_\_\_\_\_

## HSA INSTRUCTOR USE ONLY

Dive Buddy Course Exam Score: \_\_\_\_\_ %

### Training Summary

DBC Dates: Lecture \_\_\_\_\_ Pool \_\_\_\_\_ Open Water \_\_\_\_\_

**Open Water Location:** \_\_\_\_\_ **Depth:** \_\_\_\_\_ [ ] Beach [ ] Boat

**Comments:** \_\_\_\_\_

I certify that the above named participant has satisfactorily completed all Academic, Confined and Open Water training as required by HSA Dive Buddy Course standards, and is trained to be certified as an HSA Dive Buddy.

**Instructor Signature:** \_\_\_\_\_

**Instructor Name & Member Number:** \_\_\_\_\_

**Instructor Keep in your files for 7 years**

# Instructor Training Course Application

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Family day month year

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

LEVEL OF CERTIFICATION: [ ] INSTRUCTOR [ ] ASSISTANT INSTRUCTOR [ ] DIVE MASTER

Diver Training Agency \_\_\_\_\_ Member Number \_\_\_\_\_ Date Issued \_\_\_\_\_

**TEACHING STATUS: LIABILITY INSURANCE REQUIRED**

Financial Responsibility Requirements for 'HSA Teaching Status' is established when you name the Handicapped Scuba Association as an Additional Insured under your PROFESSIONAL UNDERWATER LIABILITY INSURANCE. You will be assigned 'Active Status' until you go to the HSA website, login and 'Update your Insurance'. You will receive instructions in your welcome email.

**SEARCHABLE DATABASE:**

To facilitate people with disabilities in finding appropriate Dive Professionals, you will be listed on the HSA Website in our searchable data base. Your name, photograph, city, state, country, contact telephone number, email and website will be displayed 'in searches. If you wish to be removed please contact HSA at [webmaster@hsascuba.com](mailto:webmaster@hsascuba.com)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## HSA COURSE DIRECTOR USE ONLY

**Training Summary  
(Keep in your files for 7 years)**

ITC/DBC Dates: Lecture \_\_\_\_\_ Pool \_\_\_\_\_ Open Water \_\_\_\_\_

Open Water Location: \_\_\_\_\_ Depth: \_\_\_\_\_ [ ] Beach [ ] Boat

Comments: \_\_\_\_\_ ITC Exam Score: \_\_\_\_\_%

I certify that the above named candidate has satisfactorily completed all Academic, Confined and Open Water training as required by HSA Instructor Training Course standards to be certified as an HSA Instructor, Assistant Instructor or Dive Master.

HSA Course Director Name & Member Number: \_\_\_\_\_

HSA Course Director Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# HSA GUIDELINES FOR SAFE SCUBA DIVING

These guidelines are to be read, understood and signed-off by each participant at the end of their training. Each participant will receive a copy. The signed the original copy for each participant must be kept in the instructor's files for a minimum of seven (7) years.

As a student of SCUBA Diving taught by an HSA Trained Instructor, you have received the best training available in the industry today. HSA wants to do our best to insure that you will have many years of safe, comfortable and enjoyable SCUBA DIVING. So take your time and read each of the GUIDELINES FOR SAFE DIVING, and when you are sure that you UNDERSTAND each guideline, place your initial in the space provided. If you have any questions, be sure to ask YOUR instructor, who will be happy to answer them.

1. Maintain good mental and physical fitness for diving. Dive only when feeling well. Never dive while under the influence of alcohol, drugs or medication. Get a regular, yearly medical examination for diving.  
Initials: \_\_\_\_\_
2. Stay proficient in diving skills, log your dives and attempt to make at least twelve (12) dives per year. Strive to increase your diving skills through continuing education and review them in a controlled environment (a pool) after inactivity in diving.  
Initials: \_\_\_\_\_
3. Use correct, complete, well-maintained equipment with which you are familiar and inspect it for correct fit and function prior to each dive. Always use a buoyancy control device equipped with a low pressure inflation system, a submersible pressure gauge, alternate air source and depth gauge when SCUBA diving. The use of a compass is highly recommended. Do not loan your equipment to a non-certified diver.  
Initials: \_\_\_\_\_
4. Know the limitations of yourself, your dive buddy(ies) and your equipment and spend time discussing your diving needs with a new dive buddy(ies). Always buddy dive and know each other's equipment.  
Initials: \_\_\_\_\_
5. Always plan your dive and dive your plan. Discuss dive duration, hand signals, emergency procedures such as sharing air and the location and use of your alternate air sources. If separated from your buddy search for 1 minute, then return to the surface.  
Initials: \_\_\_\_\_
6. Dive only according to "YOUR LEVEL" of certification, that is, as a Level "A" diver you will dive with ONE (1) dive buddy certified Open Water Level "A" or above. As a Level "B" diver you will dive with TWO (2) dive buddies certified Open Water Level "A" or above. And as a Level "C" diver you will dive with TWO (2) dive buddies, one certified, at a minimum, as a Rescue Diver. In most cases they will be an Instructor, Assistant Instructor, Dive Master or HSA Open Water Dive Buddy. The other buddy will be certified Open Water Level "A" or above.  
Initials: \_\_\_\_\_
7. Know your diving location. Use good judgment and common sense in planning each dive, set moderate limits for depth and time in the water and avoid dangerous places or poor diving conditions. Only engage in diving activities consistent with your training and experience.  
Initials: \_\_\_\_\_
8. Be prepared to ditch your weight belt, make an emergency ascent, clear your mask or mouthpiece or take any other emergency action needed. Discuss emergency procedures with your dive buddy(ies) before each dive. In an emergency, STOP – THINK – GET CONTROL, then take action.  
Initials: \_\_\_\_\_
9. Control Your Buoyancy! Adjust weighting for neutral buoyancy, maintain neutral buoyancy during descent, while underwater and during ascent. Be buoyant at the surface and keep the regulator mouthpiece in your mouth until you are buoyant. Make sure weights are clear for easy removal to establish buoyancy at the surface or underwater, in case of distress while diving.  
Initials: \_\_\_\_\_

10. Get out of the water if you are cold, tired, injured, and low on air or in anyway not feeling well. If any abnormality persists after diving, get medical attention.

Initials: \_\_\_\_\_

11. Never breath-hold or skip-breathe when breathing compressed air, breathe continuously throughout a SCUBA dive. Avoid hyperventilation before a skin dive. Do not overexert, and know your limits. Be sure to equalize pressure early and often during descents.

Initials: \_\_\_\_\_

12. Be proficient in dive table and/or dive computer use, decompression and emergency procedures. Make all dives no-decompression dives and always allow a margin of safety by staying well within the no-decompression limits. Have a means to monitor depth and time while underwater and ascend at a rate of 30 feet /9m per minute or slower. Always decompress at 15 ft/5m for three (3) minutes after every scuba dive. Allow at least 24 hours after a dive before flying or increasing your altitude.

Initials: \_\_\_\_\_

13. Use a boat or float as a surface station whenever this will increase the safety of the dive. Fly the diver-down flag and surface close to the boat or surface station, while watching and listening for possible hazards. Never use SCUBA to skim just under the surface, you cannot be seen by passing boats or other divers.

Initials: \_\_\_\_\_

14. Be aware of current changes during the dive, use natural clues such as seaweed or look for current lines trailed behind the boat at the surface. Always plan your dive into the current, then at the end of the dive you can return with the current.

Initials: \_\_\_\_\_

15. When boat diving, select a licensed boat that is fully equipped with the required safety equipment and Oxygen. Only sign up for trip destinations that are consistent with your training and experience. Plan your dive to end with a sufficient reserve of air to return to the boat while still under water.

Initials: \_\_\_\_\_

16. Beware of sunburn even on overcast days, abrasions and tissue breakdown on hard surfaces while diving and after being in the water.

Initials: \_\_\_\_\_

17. As an HSA Open Water Dive Buddy for someone who is dependent upon you for diving, always be certain that you and your equipment are fit for diving. Never buddy assist a diver if for any reason you are uncomfortable with your equipment, yourself or the diver. Always use the three (3) person buddy system when diving with a Level B or Level C diver. Thoroughly understand the equipment and capabilities of both the diver you are assisting and your secondary dive buddy. Plan your dive to be safe and comfortable for EVERY member of the dive team.

Initials: \_\_\_\_\_

I have read and understand the above HSA GUIDELINES FOR SAFE DIVING and agree to always conduct my diving according to them.

\_\_\_\_\_  
Participant's Name Print

\_\_\_\_\_  
Participant's Signature Date

# HSA INTERNATIONAL

## INHERENT HAZARDS & RISKS FORM

PARTICIPANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MONTH DAY YEAR

HSA COURSE DIRECTOR'S NAME \_\_\_\_\_ HSA MEMBER # \_\_\_\_\_

### INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES READ & SIGN BEFORE COMPLETING THE HSA LIABILITY RELEASE

To SCUBA DIVE safely you need to know a few basic rules & procedures that are very IMPORTANT because you are in and under the water, in the sun, around hard surfaces, and breathing compressed air. These safety rules and procedures will be covered in detail during your training course.

- a. Breathe: This is the first rule, and it is completely up to you. It is very easy, you just breathe all the time, but it is the **MOST IMPORTANT** thing you will have to do. If you hold your breath you can rupture your lungs, which is VERY SERIOUS! This is called an Air Embolism and it can cause very serious injuries, even death.
- b. Ears: Your ears may experience some pressure, or even hurt, when you descend underwater. This is normal, and you have probably already experienced this pressure in your ears if you have dove underwater, flown in an airplane, or driven in the mountains. You must 'equalize' this pressure, if you cannot it can cause damage to your ears and sinuses.
- c. Sun: Wear sunscreen, you will burn easier around water, even if it is overcast!
- d. Thermoregulation: Have water and shade available to avoid overheating.
- e. Protective clothing: Keep your legs and feet covered. The pool and open water environments have hard and abrasive surfaces that can cause abrasions and tissue breakdown for people with reduced circulation.
- f. Dive Duration: Because you are breathing compressed air underwater your body fluids and tissues absorb more nitrogen than at sea level. This build-up of nitrogen can cause decompression sickness (DCS). DCS can result in from mild to very serious injuries, even death. To avoid this we have 'no decompression limits' set for the time one can spend at various depths, making it easy to avoid.
- g. Hard Surfaces: Place padding, such as an exercise mat or towel, on pool and boat deck surfaces, and on other hard surfaces, to protect the skin, if needed.
- h. Transfer from your wheelchair: Be sure to tell those assisting your transfer what method you use, and then have them explain what they intend to do before they assist you. Have them lift your legs (not drag them) at the knee, so that your legs bend naturally. Be sure to tell them if you have poor balance and to provide support until you are stable.
- i. Ascend: Swim slowly, 30 feet/minute, to the surface. Do NOT use a Buoyancy Control Device (BCD) to ascend, swim to the surface, when your head breaks the surface, inflate the BCD, and attain positive buoyancy and comfort at the surface BEFORE removing your regulator. Swimming too fast to the surface can cause an Air Embolism, which is very serious.
- j. Exit the water: Remove your weights, then Scuba unit. Be sure you have in-water and surface support. Exit the water, with assistance if necessary. Your in-water assistant will support your legs during the exit.
- k. Recompression Chamber: A recompression chamber is needed to treat various diving related injuries, primarily Decompression Sickness and Air Embolism.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HSA INTERNATIONAL

## LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PARTICIPANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MONTH DAY YEAR

HSA COURSE DIRECTOR'S NAME \_\_\_\_\_ HSA MEMBER # \_\_\_\_\_

PLEASE READ CAREFULLY, ASK QUESTIONS IF NECESSARY, AND FILL IN ALL THE BLANKS BEFORE SIGNING.  
CAUTION: READ & SIGN 'INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES' BEFORE SIGNING THIS FORM.

I, \_\_\_\_\_, hereby affirm and acknowledge that I am aware of the inherent hazards and risks of Snorkeling, Skin diving and Scuba Diving (hereinafter referred to as 'diving activities'). I fully understand that these risks can lead to severe injury and even death.

I understand that diving with compressed air involves risks of decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that these diving activities may be conducted at sites that are remote by time and distance from a recompression chamber. Additionally, I understand that there are also risks involved with dive travel, including, but not limited to, dive boat accidents, and traveling to and from the dive sites. Nevertheless, I choose to proceed with such diving activities and I freely accept and expressly assume all risks, dangers and hazards that may arise from such diving activities which could result in injury, loss of life and property damage to me.

I understand and agree that neither the professional staff of \_\_\_\_\_, nor the facility \_\_\_\_\_, nor others \_\_\_\_\_, nor the Handicapped Scuba Association, nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents or assigns, and volunteers, (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in these diving activities, as well as the use of any facilities and the use of equipment, I hereby personally assume all risks in connection with said diving activities, for any harm, injury or damage that may befall me while I am participating, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said diving activities and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in these diving activities including claims arising during or after the diving activities.

I also understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during the diving activities, and that if I am injured as a result of, but not limited to, a heart attack, panic, or hyperventilation, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I hereby declare that I am of legal age and competent to sign this agreement or, if not, that my parent or guardian shall sign on my behalf, and that my parent or guardian is in complete understanding and concurrence with this agreement.

I hereby state and agree that this agreement will be effective for all diving activities in which I participate until revoked in writing by the Released Parties.

I have read and understand this agreement, and agree to be bound by it.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



# HSA INTERNATIONAL

## LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK AGREEMENT

PARTICIPANT'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST MONTH DAY YEAR

HSA COURSE DIRECTOR'S NAME \_\_\_\_\_ HSA MEMBER # \_\_\_\_\_

PLEASE READ CAREFULLY, ASK QUESTIONS IF NECESSARY, AND FILL IN ALL THE BLANKS BEFORE SIGNING.  
CAUTION: READ & SIGN 'INHERENT HAZARDS & RISKS OF DIVING ACTIVITIES' BEFORE SIGNING THIS FORM.

I, \_\_\_\_\_, hereby affirm and acknowledge that I am aware of the inherent hazards and risks of Snorkeling, Skin diving and Scuba Diving (hereinafter referred to as 'diving activities'). I fully understand that these risks can lead to severe injury and even death.

I understand that diving with compressed air involves risks of decompression sickness, embolism or other hyperbaric injuries that require treatment in a recompression chamber. I further understand that these diving activities may be conducted at sites that are remote by time and distance from a recompression chamber. Additionally, I understand that there are also risks involved with dive travel, including, but not limited to, dive boat accidents, and traveling to and from the dive sites. Nevertheless, I choose to proceed with such diving activities and I freely accept and expressly assume all risks, dangers and hazards that may arise from such diving activities which could result in injury, loss of life and property damage to me.

I understand and agree that neither the professional staff of \_\_\_\_\_, nor the facility \_\_\_\_\_, nor others \_\_\_\_\_, nor the Handicapped Scuba Association, nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents or assigns, and volunteers, (hereinafter referred to as 'Released Parties') may be held liable or responsible in any way for the injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in these diving activities, or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in these diving activities, as well as the use of any facilities and the use of equipment, I hereby personally assume all risks in connection with said diving activities, for any harm, injury or damage that may befall me while I am participating, including all risks connected therewith, whether foreseen or unforeseen.

I further save and hold harmless said diving activities and Released Parties from any claim or lawsuit by me, my family, estate, heirs, or assigns, arising out of my participation in these diving activities including claims arising during or after the diving activities.

I also understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during the diving activities, and that if I am injured as a result of, but not limited to, a heart attack, panic, or hyperventilation, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I hereby declare that I am of legal age and competent to sign this agreement or, if not, that my parent or guardian shall sign on my behalf, and that my parent or guardian is in complete understanding and concurrence with this agreement.

I hereby state and agree that this agreement will be effective for all diving activities in which I participate until revoked in writing by the Released Parties.

I have read and understand this agreement, and agree to be bound by it.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

### Directions

**Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.**

**Note to women:** If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box <b>A</b>	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box <b>B</b>	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box <b>C</b>	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box <b>D</b>	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box <b>E</b>	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box <b>F</b>	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box <b>G</b>	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

### Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

**A-1 Scuba & Travel Aquatics Center Inc.**

Instructor Name (Print)

Facility Name (Print)

\* If you answered **YES** to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.



## Diver Medical | Participant Questionnaire Continued

<b>BOX A – I HAVE/HAVE HAD:</b>		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX C – I HAVE/HAVE HAD:</b>		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX D – I HAVE/HAVE HAD:</b>		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX E – I HAVE/HAVE HAD:</b>		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX F – I HAVE/HAVE HAD:</b>		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX G – I HAVE HAD:</b>		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

# Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit [uhms.org](http://uhms.org) for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

## Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name\*

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

**The Undersea & Hyperbaric Medical Society**

**DAN (US)**

**DAN Europe**

**Hyperbaric Medicine Division, University of California, San Diego**