King Snefro Fleet
Red Sea

MEDICAL STATEMENT - DIVING

Participant record (Confidential Information)

Name: _____ Birth date: _____ Age: _____
(First) (Initial) (Last) *(Day/Month/Year)*

Email: _____ Phone: _____

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions, your respiratory or circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you must consult your doctor before participating in diving and follow your condition on regularly. You will be briefed by the instructor of the importance of safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. Please read carefully before signing. If you have any questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing. The purpose of this medical statement is to find out if you should be examined by a doctor before participating in recreational diving. If you do have one of the medical conditions listed below, this does not necessarily mean you can not dive but that there is a preexisting condition which could affect your safety and you must seek the advice of a physician before engaging in any dive activities. Please answer the questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of below apply to you, we must request that you consult with a physician prior to participating in scuba diving.

	YES	NO		YES	NO
Pregnant, or attempting to become pregnant			Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?		
Are you presently taking prescription medications? (with the exception of birth control or anti-malaria)			Dysentery or dehydration requiring medical intervention?		
Are you over 45 years of age **and** can answer YES to one or more of the following:			Any dive accidents or decompression sickness?		
• currently smoke a pipe, cigars or cigarettes			Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?		
• have a high cholesterol level			Head injury with loss of consciousness in the past five years?		
• have a family history of heart attack or stroke			Recurrent back problems?		
• are currently receiving medical care			Back or spinal surgery?		
• high blood pressure			Diabetes?		
• diabetes mellitus, even if controlled by diet alone			Back, arm or leg problems following surgery, injury or fracture?		
Have you ever had or do you currently have:			High blood pressure or take medicine to control blood pressure?		
Asthma, or wheezing with breathing, or wheezing with exercise			Heart disease?		
Frequent or severe attacks of hayfever or allergy?			Heart attack?		
Frequent colds, sinusitis or bronchitis?			Angina, heart surgery or blood vessel surgery? Sinus surgery?		
Any form of lung disease?			Ear disease or surgery, hearing loss or problems with balance?		
Pneumothorax (collapsed lung)?			Recurrent ear problems?		
Other chest disease or chest surgery?			Bleeding or other blood disorders?		
Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?			Hernia?		
Epilepsy, seizures, convulsions or take medications to prevent them?			Ulcers or ulcer surgery?		
Recurring complicated migraine headaches or take medications to prevent them?			A colostomy or ileostomy?		
Blackouts or fainting (full/partial loss of consciousness)?			Recreational drug use or treatment for, or alcoholism in the past five years?		

Vaild Diving Insurance : Company Name & Policy number: _____

I, _____ hereby confirm that 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 condition.

_____ _____
(Signature) *(Date)* *(Signature of Parent or Guardian)* *(Date)*

***** Please fill in the emergency contact information *****

Contact Person: _____ Your relationship with this person: _____
(Relative: father…, friend)

Phone number: _____ Email: _____