

DECLARATION OF MEDICAL FITNESS

If you cannot provide a copy of a dive medical from a qualified medical practitioner in the last 3 years, you must complete this declaration.

Please read though the questionnaire carefully. If your answer is “**No**” to all questions, then simply cross out answer b) at the end after filling in appropriate personal details, and submit a signed copy with your membership form. If your answer to any question is “**Yes**”, or you are unsure about any question, please cross out answer a) and sign – you will need to contact RLS to determine the appropriate course of action (usually getting a new recreational dive medical).

Diver Medical Health Questionnaire

1. Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?
2. Have you at any time had chest or heart surgery?
3. Have you suffered from or had to take medication for asthma?
4. Have you ever had collapsed lung or pneumothorax?
5. Have you ever had any other chest or lung disease?
6. Have you suffered at any time from blackouts, fainting or recurrent dizziness?
7. Have you had regular ear problems in the past ten years?
8. Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia?
9. Have you ever had epilepsy or fits?
10. Have you had recurrent migraines?
11. Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?
12. Have you ever had any back or spinal surgery?
13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?
14. Have you any history of alcohol or drug abuse in the past five years?
15. Do you have diabetes?
16. Are you currently taking any prescribed medication (except the contraceptive pill) that you have not disclosed to a doctor during your last (passed) dive medical?
17. Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury?
18. Have you ever been refused a diving medical certificate or life insurance or been offered special terms?
19. Have you ever had, or been treated for, decompression illness?

Name.....
Address.....
.....
Postcode..... Telephone..... E-mail.....
Occupation.....
Date of birth.....

Cross out a) or b) as appropriate:

a) I hereby declare that my response to all the above questions is “**No**” and that to the best of my knowledge, I am in good general health and declare that I have not omitted any information which might be relevant to my fitness for SCUBA diving

b) The answer to one or more of the above questions is “**yes**”. I will ensure RLS are aware of this fact and provide RLS with a diving medical from a qualified doctor before undertaking any RLS diving activities.

Signed _____

Date _____

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