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# Medical History

**Introductory Scuba Experience Only**

**Confidential Medical History Form for Introductory Experience. This is not a certificate for diving fitness from a medical practitioner certified in diving medicine which is required for scuba training.**

This information is to be used by the scuba diving instructor to assess the medical fitness to dive of a participant in the school’s introductory scuba diving program. In the interests of personal safety of each participant it is important and necessary that full and complete answers are given to all questions.

In addition to this medical history form, parents will need to complete the form, Confidential Medical Information for School Council Approved Excursions.

**Personal details**

Student’s full name:

Date of birth: Year level:

**General Information**

1. Are you a non-swimmer? 🞎 Yes 🞎 No

2. Have you scuba dived before? 🞎 Yes 🞎 No Details:

3. Have you ever had trouble in water? 🞎 Yes 🞎 No Details:

4. Do you smoke? 🞎 Yes 🞎 No Amount per day: Years of smoking:

5. Are you taking any tablets, medications or drugs? 🞎 Yes 🞎 No Details:

6. Have you had any operations? 🞎 Yes 🞎 No Details:

7. Do you have any disease or disability? 🞎 Yes 🞎 No Details:

8. Is there any chance you are pregnant? 🞎 Yes 🞎 No

9. Do you have a family history of heart disease? 🞎 Yes 🞎 No

10. Have you consumed alcohol or any other drug within the 24 hours prior to this diving activity? 🞎 Yes 🞎 No

11. Will you be flying or going to altitudes above 300 metres within 24 hours of this diving activity? 🞎 Yes 🞎 No

**Do you suffer or have suffered from, or have you had any of the following:**

🞎 Asthma, wheezing or use of a puffer (if ticked complete Asthma Management Plan)

🞎 Ear problems when flying or diving 🞎 Depression or claustrophobia

🞎 Motion sickness (including seasickness) 🞎 Migraine

🞎 Back problems 🞎 Ear or sinus surgery (other than drainage)

🞎 Ringing noises or deafness 🞎 Loss of balance

🞎 Persistent allergies affecting nose/sinuses 🞎 Persistent cough or coughing blood

🞎 Recurrent chest/lung infections/problems 🞎 Abnormal chest pain

🞎 Chest surgery (heart or lung) 🞎 Abnormal shortness of breath

🞎 Hay fever or allergies 🞎 Pneumothorax (collapsed lung)

🞎 Fainting or blackouts 🞎 Head injury requiring hospitalisation

🞎 Epilepsy or seizures 🞎 Any brain or spinal disorder

🞎 Diabetes 🞎 Heart disease

🞎 High blood pressure 🞎 Pulse irregularities

🞎 Recompression for a diving-related illness 🞎 Sinusitis or bronchitis

🞎 Problems equalising (popping) ears with airplane 🞎 Lung disease
 or mountain travel

**Declaration**

I certify that the above medical history information is accurate, true and complete to the best of my knowledge.

I authorise Dr (telephone ) to supply relevant medical information to you in my own personal interest.

Signature of student (named above)

Date:

Signature of parent

Date:

The Department of Education and Early Childhood Development requires this consent form to be signed by and for all students who attend government school scuba diving introductory scuba excursions that are approved by the school council.

**Note**: You should receive detailed information about the excursion/program prior to your child’s participation and a Parent Consent form. If you have further questions, contact the school before the program starts.