



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, blood, or have been diagnosed with COVID-19.	Yes <input type="checkbox"/> Go to Box A	No <input type="checkbox"/>
2. I am over 45 years of age.	Yes <input type="checkbox"/> Go to Box 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 C	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 D	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 disability.	Yes <input type="checkbox"/> Go to Box E	No <input type="checkbox"/>
8. I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to Box F	No <input type="checkbox"/>
9. I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to Box G	No <input type="checkbox"/>
10. I am taking prescription medications (with the exception of birth control 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)
_____	_____
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.

Participant Name _____

(Print)

Birthdate _____

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued**Box A – I have/have had:**

Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	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"/>
A diagnosis of COVID-19.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Box B – I am over 45 years of age AND:

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"/>

Box C – I have/have had:

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"/>

Box D – I have/have had:

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"/>

Box E – I have/have had:

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.	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"/>

Box F – I have/have had:

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, 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"/>

Box G – I have had:

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 | Physician'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 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.

Physician's Signature Date (dd/mm/yyyy)

Physician's Name _____ Specialty _____
(Print)

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



Tec Diver Statement of Understanding and Learning Agreement

This statement informs you of hazards, risks and your responsibilities for participating in PADI Tec Diver courses. Your signature acknowledges that you accept these risks and responsibilities.

I, _____, understand that as a PADI Tec diver I should:

1. Maintain good mental and physical health for diving. Refrain from being under the influence of alcohol or drugs when tec diving. Stay proficient in diving skills, in particular, the skills required for certification at various levels as a PADI Tec diver.
2. Engage only in diving activities consistent with my training and experience.
3. Use complete, well-maintained, reliable equipment for which I have appropriate training.
4. Adhere to the team diving concept, but always be prepared to complete any dive without the assistance of a team mate. Although self sufficient, the responsible tec diver dives as part of a team and adheres to team diving principles.
5. Maintain the proper attitude during training in which I agree to:
 - Follow the instructor's directions and dive plans strictly, and not to separate from the instructor or my dive team.
 - Refrain from tec diving outside this course until I am fully qualified and certified.
 - Accept the risk for this type of diving, and for specific risks unique to each dive environment, and to immediately notify the instructor if this risk becomes intolerable for me.
 - Recognize the desirability of carrying diver accident insurance that covers tec diving (if available in my local area), and recognize that my instructor may require me to have it.
6. Demonstrate self sufficiency – plan each dive as though it will be necessary to make the dive and handle all emergencies alone.
7. Demonstrate discipline and an attitude consistent with responsible technical diving – I will not cut corners, bend the rules, disregard dive plans, omit safety equipment or exceed the limits of my training.
8. Obtain an orientation when diving in new environments.
9. Know, obey and respect local diving laws and regulations including private land owner relations.
10. Accept the responsibility for my personal safety, while accepting and acknowledging the risks, and demands tec diving imposes.
11. Stay informed on and dive according to the state of the art in diving, tec diving, dive rescue, dive equipment and other influences on my safety as a tec diver.
12. Accept that technical scuba diving has many general risks and hazards that either don't exist in recreational diving, or aren't as severe, including:
 - No direct access to the surface in an emergency due to decompression requirements.
 - Hypoxia/hyperoxia resulting from using the wrong gas, which can lead to drowning.
 - Narcosis, which can lead to poor judgment/bad decisions that can cause an accident.
 - DCS due to improper gas analysis, missed deco stops, loss of deco gas and individual susceptibility. DCS can cause permanent injury or death.
 - Omitted procedures due to task loading, which can lead to accidents, DCS, air embolism, oxygen toxicity, or drowning.
 - Drowning or air embolism due to BCD failure.
 - Extensive equipment requirements with redundant configurations, which can lead to ergonomic complexity, increased risk of error and a physical burden.
13. I accept that a significant difference exists between recreational scuba diving and technical scuba diving, and that in technical scuba diving, even if you do everything right, there is still a higher inherent potential for an accident leading to permanent injury or death.
14. I accept that physical fitness affects my performance and ability as a tec diver. Lack of the physical fitness required can affect my safety by limiting my ability to respond to an emergency, or by directly leading to injuries. It is my responsibility to stay fit to dive, and to dive with the limits of my fitness.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purpose of these practices and recognize they are for my own safety and well being.

I understand that failing to adhere to the above statements will put me at risk, and may be grounds for my dismissal from a PADI Tec course. I acknowledge that the instructor is not permitted to and will not certify me if I don't meet all course performance requirements or if I demonstrate an attitude or behavior incompatible with responsible technical diving practices.

Participant Signature

Day/Month/Year



TECHNICAL DIVER TRAINING

Please read carefully and fill in all blanks before signing.

Non-Agency Disclosure and Acknowledgment Agreement

I understand and agree that PADI Members ("Members"), including _____ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of _____ store/resort and/or the instructors and divemasters associated with the activity.

Liability Release and Assumption of Risk Agreement

Initial each paragraph before signing.

I, _____ diver name, HEREBY DECLARE THAT I AM A CERTIFIED SCUBA DIVER, TRAINED IN SAFE DIVING PRACTICES INCLUDING THE USE OF NITROX, AND AM AWARE OF THE INHERENT HAZARDS OF SCUBA DIVING INCLUDING THE RISK OF SERIOUS INJURY OR DEATH.

I further state that I am an experienced diver and have been certified by the following training organization(s): _____ training agency and that I am aware of the required certification or equivalent experience required to participate in technical diving activities. I have been a certified diver since _____, and have been diving for _____ years, with a total of approximately _____ dives, to a maximum depth of _____ metres/feet (circle one).

I further declare that I am thoroughly knowledgeable of the inherent hazards of participating in technical and recreational scuba diving activities, and in consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with said activity, for any harm, injury or damage that I may suffer while I am participating in this activity, including all risks connected therewith, whether foreseen or unforeseen.

I further declare that I am properly trained, thoroughly knowledgeable of, and completely understand the inherent hazards of Technical Scuba Diving activities, including the risk of serious injury or death. Further, I understand that diving with compressed air, oxygen-enriched air (nitrox), trimix, and 100 percent oxygen involves certain inherent risks that include but are not limited to: decompression sickness, embolism, oxygen toxicity, hypoxia (low oxygen), hypercapnia (high carbon dioxide), gas narcosis, fire and/or explosion hazards, and barotrauma or hyperbaric injuries which can occur and require treatment in a recompression chamber, drowning and marine life injuries. I further understand that Technical Scuba Diving activities may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to participate in such Technical Scuba Diving activities, despite the possible absence of a recompression chamber in proximity to the dive site.

I further declare that I understand Technical Scuba Diving involves risks which exceed those encountered in recreational scuba diving. These risks may include but are not limited to: depths which exceed the limits of recreational diving; decompression procedures; over-head environments and/or the risk of entanglement which may prevent direct ascent to the surface in the event of an emergency; sudden loss of visibility; necessity for computing both nitrogen and oxygen loading to plan dives; and the need for specialized training, equipment, including but not limited to the use of rebreathers, and planning for different types of Technical Scuba Diving. I understand that Technical Scuba Diving may involve a greater risk of serious injury or death than recreational scuba diving, and I assume the risk of this activity.

I understand that I AM SOLELY RESPONSIBLE FOR ENSURING MY OWN SAFETY DURING PARTICIPATION IN THIS ACTIVITY and agree that: 1) the facility(ies), organization(s) or supervisory personnel offering this activity, _____ store/resort, or their employees; 2) the organizers or promoters of this event; 3) Diving Science and Technology Corp. (DSAT); and 4) PADI Americas, Inc. (PADI) and its affiliate or subsidiary corporations, and any of their respective employees, officers, agents, contractors or assigns (1 through 4 hereinafter referred to as "Released Parties"), may not be held liable or responsible in any way for any injury, death or other damages to me or my family, estate, heirs, or assigns, that may occur as a result of my participation in this activity, or as a result of the negligence of any party, including the Released Parties, whether passive or active.



TECHNICAL DIVER TRAINING

I declare that I am in good mental and physical fitness for diving, that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking any medication, I declare that I have seen a physician and have approval to dive under the conditions of this activity while under the influence of the medication/drugs.

I understand that all types of scuba diving, including Technical Scuba Diving, are physically strenuous activities and that I will be exerting myself during this activity; and if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I will inspect all of my equipment prior to every use during this activity, ensuring that I have all necessary equipment, and that it is functioning properly. I understand equipment used for Technical Scuba Diving, including but not limited to rebreathers, requires more stringent equipment preparation, assembly and maintenance procedures and the more severe potential consequences of errors or equipment failure. I will not hold the Released Parties responsible for my failure to inspect my equipment prior to diving.

I further declare that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written content of my parent or guardian. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that the terms herein are contractual and not a mere recital, that this instrument is a legally binding document, and that I have signed this document of my own free act after reading and understand the entire Liability Release and Assumption of Risk Agreement. I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent that I have the authority to do so and that my heirs, assigns and beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, _____, diver name BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE THE RELEASED PARTIES FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Date

Signature of Participant

Date

Signature of Parent or Guardian if applicable

Date

Witness