

UK SPORT DIVER MEDICAL FORM

Any fee in respect of the medical examination is the responsibility of the person being examined.

Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive.



NOTES TO DIVER

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed overleaf).

Please read carefully before completing this Self –Declaration Form

Divers answering “No” to all questions below should complete this declaration, deleting answer b), hand the original copy to your DO and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering “Yes” to any question below or are unsure on any area should delete answer a) and sign. They then must seek advice from a Medical Referee

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements to the Referee, the fee of £5.00 and a stamped self-addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.
- The Medical Referee may require a statement from your GP and/or to see you for examination (when a fee may be payable) and if you are found fit to dive, they will give you a completed **Certificate of Fitness to Dive** with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Diver Medical Health Questionnaire

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| 1. Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations? | 11. Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)? |
| 2. Have you at any time had chest or heart surgery? | 12. Have you ever had any back or spinal surgery? |
| 3. Have you suffered from or had to take medication for asthma? | 13. Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks? |
| 4. Have you ever had collapsed lung or pneumothorax? | 14. Have you any history of alcohol or drug abuse in the past five years? |
| 5. Have you ever had any other chest or lung disease? | 15. Do you have diabetes? |
| 6. Have you suffered at any time from blackouts, fainting or recurrent dizziness? | 16. Are you currently taking any prescribed medication (except the contraceptive pill)? |
| 7. Have you had regular ear problems in the past ten years? | 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? |
| 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia? | 18. Have you ever been refused a diving medical certificate or life insurance or been offered special terms? |
| 9. Have you ever had epilepsy or fits? | 19. Have you ever had, or been treated for, decompression illness? |
| 10. Have you had recurrent migraines? | |

Name..... Telephone..... E-mail.....

Address..... Occupation.....

..... Dive Organisation..... Branch.....

..... Postcode..... Date of birth..... Membership No.....

I authorise any doctor who has attended me to disclose my medical history if requested to a Medical Referee.

Delete a) or b) following 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 diving
- b) The answer to one or more of the above questions is “yes”. I have notified the Medical Referee whom I have asked to endorse this form

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

For completion by Medical Referee if required by applicant

Please delete where applicable

- a) In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
- b) Unless there is a change in the applicant’s medical condition, they need not submit their self declaration form to a medical referee
1) indefinitely 2) for _____ years. (Applicant should save a photocopy of this form for future years.)
- c) Having examined the applicant, I have issued a Certificate of Fitness to Dive

Signature of Medical Referee Date

Certificate of Fitness to Dive issued/not issued Dated Expiry Date

VALIDITY & STORAGE

This Form is valid for **one year only unless certified for a longer period by the medical referee**. Any changes in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver’s Branch / Club during their period of validity.