

Explore Group Pre-Dive Medical Questionnaire

This is a declaration in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during all diving offered through Explore Group, Hamilton Island.

Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. 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.

Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. There are a few medical conditions which can be hazardous while diving. Those who currently have, have had, 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. If you are pregnant, or attempting to become pregnant, do not dive.

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.

The questions below are a prerequisite to a recreational scuba diving or freediving course – an extended questionnaire will be provided upon booking – should you answer YES to any questions below, you will be required to complete a medical physicians evaluation to certify you as fit to dive.

- I have had problems with my lungs, breathing (e.g., asthma/wheezing/severe allergies), heart and/ or blood affecting my normal physical or mental performance. Yes No
- I am over 45 years of age. Yes No
- I struggle to perform moderate exercise (for example, walk 1.6 kilometre/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 No
- I have had problems with my eyes, ears, or nasal passages/sinuses. Yes No
- I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery. Yes No
- I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. Yes No
- 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 or developmental disability. Yes No
- I have had back problems, hernia, ulcers, or diabetes. Yes No
- I have had stomach or intestine problems, including recent diarrhea. Yes No
- I am taking prescription medications with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam). Yes No