

# MEDICAL FORM

Name: \_\_\_\_\_

Course Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I	P		I	P	
<input type="checkbox"/>	<input type="checkbox"/>	Mask	<input type="checkbox"/>	<input type="checkbox"/>	Buoyancy compensator device
<input type="checkbox"/>	<input type="checkbox"/>	Snorkel	<input type="checkbox"/>	<input type="checkbox"/>	Buoyancy compensator device cleaner
<input type="checkbox"/>	<input type="checkbox"/>	Fins	<input type="checkbox"/>	<input type="checkbox"/>	Regulator
<input type="checkbox"/>	<input type="checkbox"/>	Booties	<input type="checkbox"/>	<input type="checkbox"/>	Octopus second stage
<input type="checkbox"/>	<input type="checkbox"/>	Weight Belt	<input type="checkbox"/>	<input type="checkbox"/>	Submersible pressure gauge
<input type="checkbox"/>	<input type="checkbox"/>	Weights	<input type="checkbox"/>	<input type="checkbox"/>	Dive Computer
<input type="checkbox"/>	<input type="checkbox"/>	Knife	<input type="checkbox"/>	<input type="checkbox"/>	Tank
<input type="checkbox"/>	<input type="checkbox"/>	Underwater Compass	<input type="checkbox"/>	<input type="checkbox"/>	Dry bag
<input type="checkbox"/>	<input type="checkbox"/>	Slate	<input type="checkbox"/>	<input type="checkbox"/>	Hood
<input type="checkbox"/>	<input type="checkbox"/>	Dive Skin	<input type="checkbox"/>	<input type="checkbox"/>	Knife Grease
<input type="checkbox"/>	<input type="checkbox"/>	Student Kit	<input type="checkbox"/>	<input type="checkbox"/>	Save-a- dive kit
<input type="checkbox"/>	<input type="checkbox"/>	Whistle	<input type="checkbox"/>	<input type="checkbox"/>	Emergency signaling device
<input type="checkbox"/>	<input type="checkbox"/>	Boat Ticket	<input type="checkbox"/>	<input type="checkbox"/>	Log Book
<input type="checkbox"/>	<input type="checkbox"/>	Underwater Light	<input type="checkbox"/>	<input type="checkbox"/>	Dive Tables
<input type="checkbox"/>	<input type="checkbox"/>	Mask Defog	<input type="checkbox"/>	<input type="checkbox"/>	Student Workbook
<input type="checkbox"/>	<input type="checkbox"/>	Equipment Bag	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Wetsuit	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Wetsuit Shampoo	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Vacation
			<input type="checkbox"/>	<input type="checkbox"/>	Local Dives

“P” - purchased    “I” – inspected

### MEDICAL HISTORY INFORMATION FORM

**MEDICAL HISTORY STATEMENT:** I understand that skin and SCUBA diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

**Write Y(yes) or N(no) next to all of the following, and explain under remarks, any yes answers.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Behavioral health problems | <input type="checkbox"/> Bronchitis            | <input type="checkbox"/> Physical disability                            |
| <input type="checkbox"/> Claustrophobia             | <input type="checkbox"/> Tuberculosis          | <input type="checkbox"/> Serious Injury                                 |
| <input type="checkbox"/> Agoraphobia                | <input type="checkbox"/> Respiratory problems  | <input type="checkbox"/> Hepatitis                                      |
| <input type="checkbox"/> Epilepsy                   | <input type="checkbox"/> Back problems         | <input type="checkbox"/> HIV positive                                   |
| <input type="checkbox"/> Ear or hearing problem     | <input type="checkbox"/> Back/spinal surgery   | <input type="checkbox"/> Regular medication                             |
| <input type="checkbox"/> Sinus trouble              | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Drug allergies                                 |
| <input type="checkbox"/> Severe hay fever           | <input type="checkbox"/> Hernia                | <input type="checkbox"/> Alcohol or drug abuse                          |
| <input type="checkbox"/> Heart trouble              | <input type="checkbox"/> Dizziness or fainting | <input type="checkbox"/> Rejected from any activity for medical reasons |
| <input type="checkbox"/> High blood pressure        | <input type="checkbox"/> Recent surgery        | <input type="checkbox"/> Any medical condition not listed:              |
| <input type="checkbox"/> Angina                     | <input type="checkbox"/> Hospitalized          |   |
| <input type="checkbox"/> Heart surgery              | <input type="checkbox"/> Pregnant              |   |
| <input type="checkbox"/> Asthma                     | <input type="checkbox"/> Motion sickness       |   |

List all Medications you are presently taking: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE: \_\_\_\_\_

I am a minor and my parent or guardian has signed below.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Parent or Guardian if participant is a Minor – by their signature they, on my behalf release all claims that both they and I have.

If at anytime during your dive training your medical condition changes, notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.

### MEDICAL HISTORY REAFFIRMATION

I certify that the above information is still correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT \_\_\_\_\_ DATE: \_\_\_\_\_

I am a minor and my parent or guardian has signed below.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE: \_\_\_\_\_

Signature of Parent or Guardian if participant is a Minor – by their signature they, on my behalf release all claims that both they and I have.

(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)