



Snorkeling MEDICAL FORM

MEDICAL STATEMENT

_____ PARTICIPANT RECORD — CONFIDENTIAL INFORMATION _____

Please read carefully before signing.

This is a statement in which you are informed of some potential risks involved in snorkeling and of the conduct required of you during the snorkeling program. Your signature on this statement is required for you to participate in the snorkeling program offered by:

(INSTRUCTOR) _____
and (FACILITY) Denver Dives With Ali, LLC d/b/a Denver Divers
located in the city of Denver
and state of Colorado.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the snorkeling program. If you are a minor, you must have this Statement signed by a parent or guardian.

Snorkeling 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.

To snorkel safely, you should not be extremely overweight or out of condition. Snorkeling can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, current cold or congestion, epilepsy, a severe medical problem or is under the influence of alcohol or drugs should not snorkel. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also need to learn from the instructor the important safety rules regarding snorkeling.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

MEDICAL QUESTIONNAIRE

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in a recreational snorkeling program. A positive response to a question does not necessarily disqualify you from snorkeling. A positive response means that there is a preexisting condition that may affect your safety while snorkeling and you must seek the advice of your physician prior to engaging in snorkeling activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, we must request that you consult with a physician prior to participating in snorkeling.

____ Are you presently taking prescription medications (with the exception of birth control or anti-malarial)?

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE...

- ____ Epilepsy, seizures, convulsions or take medications to prevent them?
- ____ Blackouts or fainting (full/partial loss of consciousness)?
- ____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- ____ Heart disease, heart attack, angina, heart surgery or blood vessel surgery?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

NOTICE: Electronic Signature Agreement. By typing/placing your name on the signature box, you are signing this Medical Statement electronically. You agree your electronic signature is the legal equivalent of your manual signature.

Signature

Date

Signature of Parent or Guardian

Date



Physician's Approval To Snorkel

This person is applying for training or is presently certified to engage in snorkeling & freediving/breath-hold. Your opinion of the applicant's medical fitness for snorkeling & freediving/breath-hold is requested. There are Guidelines for Recreational Scuba Diver's Physical Examination attached for your information and reference.

Student Information

Student must complete Student Information and Personal Physician sections. Please print legibly.

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Date of Birth (DD/MM/YY)
<input type="text"/>		
Mailing Address		
<input type="text"/>	<input type="text"/>	
Email Address	Phone	

Name and address of your Personal Physician

<input type="text"/>	<input type="text"/>	
Physician	Clinic/Hospital	
<input type="text"/>		
Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of last physical examination (DD/MM/YY)	Name of examiner	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Clinic/Hospital	Address	Email

Were you ever required to have a physical for diving? Circle one Yes No If yes, when? _____

Physician

Physician's Impression

I find no medical conditions that I consider incompatible with snorkeling & freediving/breath-hold.

I am unable to recommend this individual for snorkeling & freediving/breath-hold.

<input type="text"/>	
Remarks	
<input type="text"/>	<input type="text"/>
Physician's Signature or Legal Representative of Medical Practitioner	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>
Physician's Name or Stamp	Clinic/Hospital
<input type="text"/>	
Address	
<input type="text"/>	<input type="text"/>
Phone	Email