



First Name

Last Name

By placing my name here, I agree to be responsible for the content of this page.

## SSI Introductory Scuba Experience - Fit To Dive Screening

Scuba diving is an adventurous and exciting activity, but it can also be strenuous and potentially dangerous. As with any aquatic adventure, especially those relying on underwater breathing equipment, there are inherent dangers which cannot be eliminated that may cause serious illness, injury or death. You must be in good health to dive. If you have any questions about your medical, mental or physical fitness to dive, you should consult a physician to assess your individual risk factors.

This form is to help you determine if you should be examined by a physician. If you have any doubt about your fitness to dive, then you must obtain approval from a physician prior to diving. Failure to obtain a physician's approval to dive may significantly increase your risk of illness, injury or death. You are solely responsible for honestly evaluating your fitness to dive and you are ultimately responsible for your safety and wellbeing when engaged in dive activities (including boat travel, putting on/taking off dive equipment, getting in and out of the water, etcetera).

Answer each of the following questions about your past and present medical conditions by filling in the corresponding [NO] or [YES] box. If you are not sure, then answer [YES]. A [YES] response indicates a possible risk factor that must be evaluated by a physician. If any of these conditions apply to you, then you must obtain approval to dive from a physician before participating in any SSI Dive Experiences or SSI Dive Programs.

- 1. Are you currently being treated or under the care of a medical professional for a medical, mental or physical condition? [NO] [YES]
- 2. Do you take prescription medication(s) (not including birth control)? [NO] [YES]

Do you currently have or have you been treated within the last two years for any of the following:

- 3. A heart, circulatory, blood, blood pressure, or bleeding abnormality? [NO] [YES]
- 4. A stroke, seizure, head injury, loss of consciousness, behavioral, or neurologic condition? [NO] [YES]
- 5. An ear, sinus, mouth, throat, or lung disorder – including asthma? [NO] [YES]
- 6. Diabetes, severe allergies, obesity, stomach or intestinal disorders? [NO] [YES]
- 7. Musculoskeletal, stamina, strength, or mobility disorders that affects your ability to swim? [NO] [YES]

If you answered YES to any of these questions, then you must be evaluated by a physician who must approve you to dive, prior to any in-water diving activities. You are responsible for obtaining a completed Physician's Approval to Dive form and provide that completed form to your instructor before any in-water dive training.

Additionally, if you are under the influence of alcohol or recreational drugs, unable to swim, prone to panic attacks, unable to exercise good judgment or you are unable to be responsible for you own wellbeing, then you have a significant increase to risks of illness, injury and death while in the water and you should unconditionally refrain from swimming or diving. Failure to complete this form truthfully may result in serious illness, injury or death.

I explicitly agree to accept full responsibility for failing to disclose any past or current health condition that affects my safety while diving.

Participant's Signature

Signature of Parent/Guardian (When Applicable)

Date (DD/MM/YY)

Date (DD/MM/YY)

### Physician

#### Physician's Impression

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

Physician's Signature or Legal Representative of Medical Practitioner

Date (DD/MM/YY)

Physician's Name or Stamp

Clinic/Hospital

Address

Phone

Email