

MSAC SPORT DIVER MEDICAL DECLARATION 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 MSAC members 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 may be carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers.

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 the MSAC Hon Secretary and retain a copy 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 practitioner and complete the appropriate medical examination form.

Diver Medical Health Questionnaire

Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?	Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?
Have you at any time had chest or heart surgery?	Have you ever had any back or spinal surgery?
Have you suffered from or had to take medication for asthma?	Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?
Have you ever had collapsed lung or pneumothorax?	Have you any history of alcohol or drug abuse in the past five years?
Have you ever had any other chest or lung disease?	Do you have diabetes?
Have you suffered at any time from blackouts, fainting or recurrent dizziness?	Are you currently taking any prescribed medication (except the contraceptive pill)?
Have you had regular ear problems in the past ten years?	
Do you have an ileostomy, colostomy or ever had repair of a hiatus hernia?	Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury?
Have you ever had epilepsy or fits?	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?
Have you had recurrent migraines?	Have you ever had, or been treated for, decompression illness?

Name Date of Birth

Address.....

Office Tel Home Tel

H/Phone Email

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 consulted with a medical practitioner who has examined me and has duly endorsed this form.

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

Certificate of Fitness to Dive - For completion by medical practitioner if required by applicant :
Having examined the applicant, I am satisfied that he/she is fit to participate in sport diving activities.

Signature of medical practitioner Date

VALIDITY - This Form is valid for one year only unless certified for a longer period by a medical practitioner.