

UK SPORT DIVER MEDICAL FORM

Any fee in respect of the medical examination is the responsibility of the person being examined

diver training must not be undertaken until the candidate has completed a Medical Declaration or had Medical Examination confirming fitness to dive



NOTES TO DIVER

It is necessary for members of the above organizations 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. Some diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (see below).

Please read carefully before completing this Self-Declaration Form

Divers answering "No" to all questions below should complete this declaration, hand the original copy to your Dive Officer and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering "Yes" to any question below or are unsure on any area should not sign the form but must seek advice from a Medical Referee

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee in a stamped self-addressed envelope for endorsement by them (no charge is made) and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.
- The Medical Referee may require to see you for examination (where a fee may be payable) and if you are found fit to dive, they will give you a completed Certificate of Fitness to Dive with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand to your Diving Officer. Ensure you retain the original at the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Diver Medical Health Questionnaire

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

Name.....

Dive Organisation.....SAA.....Branch...SAA263.....

Address.....

Club.....S.O.S. Divers.....Membership No.....

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Next of kin.....Relationship.....

.....Postcode.....

Address.....

Occupation.....D.O.B. & Age...../.....

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Tel.....Mobile.....

.....Postcode.....

Email.....

Telephone.....

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. I authorise any doctor who has attended me to disclose my medical history if requested to by a Medical Referee.

Signed _____ Date _____

Required if the diver is less than 18 years of age.
 I.....being the legal parent/guardian of the above named junior have read and understand the above questions and hereby declare the response is "NO" to all the question for the above named junior and that to the best of my knowledge he/she is in good health and declare that i have not omitted any information which might be relevant to their fitness for diving, I authorise any doctor who has attended them to disclose their medical history if requested to by a medical referee.
 Signed..... Date.....

For completion by Medical Referee If required by applicant, Please delete where applicable
 a) In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
 b) Having examined the applicant. I have issued a Certificate of Fitness to Dive
 Signature of Medical Referee.....Referee ID No..... Date
 Certificate of Fitness to Dive issued/not issued DatedExpiry Date.....

VALIDITY & STORAGE

This Form is valid for one year only. Any changes in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver's Club during their period of validity. The Medical Referee is advised to retain the records of those examined, and give a photocopy of the record to the diver. **Our local Medical referee is Dr S. G. King**, 28 Bromyard Rd, Worcester WR2 5BU, Tel: surgery 01905 423612, Fax 01905 420641, home 01905 820436 (Other medical referees are available in different areas, ask the club secretary for a list)