



SHARK DIVE XTREME MEDICAL CLEARANCE

SEA LIFE Melbourne Cnr King and Flinders Streets, Melbourne VIC 3000
Tel: (03) 9067 8300 or email experiences@melbourneaquarium.com.au

FOR GUEST

You have indicated on the SDX Medical Declaration that you may have a medical condition that puts you at higher risk during scuba diving. SEALIFE Melbourne Aquarium requires you to seek clearance from a **CERTIFIED DIVING DOCTOR** in order to continue your experience.

A list of diving doctors can be found at <https://www.spums.org.au/>

It is at the discretion of the diving doctor as to the medical examination/s necessary to provide you with clearance, some of which may be subject to additional charges.

Please book an appointment requesting an assessment for the Shark Dive Xtreme experience and take this form, along with your SEALIFE Medical Declaration to be signed off by the diving doctor.

Please note some medical conditions prevent you from diving and a medical assessment does not guarantee you obtaining clearance to participate in the SDX experience

FOR DIVING DOCTOR

Your patient is booked in to complete an introductory dive at SEA LIFE Melbourne Aquarium. They have indicated that they have a medical condition that requires them to obtain clearance from a **CERTIFIED DIVING DOCTOR** prior to their participation.

Please find details of the SDX experience below;

- Divers will be expected to be able to rise unassisted from a seated position and use a ladder in and out of the water wearing 25-35Kg of equipment.
- A maximum dive depth of 4m
- Duration of dive will consist of a 20 minute in water skills session and 30 minutes at depth
- Temperature is approximately 23-24°C
- Participants are required to wear a full length 5mm wetsuit, gloves, boots, hood, mask and fins

Please complete the form on the following page and sign where necessary.

If you require further information about the dive please contact our Lead Diver

jesse.sargent@melbourneaquarium.com.au

SHARK DIVE

X T R E M E

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This is to certify that I have examined:

Name: _____ DOB: _____

Address: _____

Date of Examination: ____ / ____ / ____

Certificate of Fitness to dive:

I have:

- Reviewed the applicant's history in conjunction with their SEALIFE Medical Declaration
- Reviewed and conducted the appropriate medical examination/s with a view to their participation in the SDX experience
- Reviewed any comments and advice from their medical practitioner/s (if relevant)
- Discussed how these risks may be managed on the day of the SDX experience.

(Tick relevant box)

In light of this, I do not believe the condition contra-indicates participation in the SDX experience, provided they continue to comply with the medical advice which has been provided.

Based upon my assessment, the candidate is not medically fit to dive in the SDX experience.

Remarks _____

Physician: _____

Signature: _____

Phone: _____

Email: _____

Stamp:

**By signing this form you are confirming that you are qualified to issue
Recreational Scuba Diver's Physical Examination to meet AS4005 standards*