

MEDICAL STATEMENT FOR DIVING

PLEASE READ CAREFULLY BEFORE SIGNING.

This is a Medical Statement in which you are informed of the key risks involved in SCUBA diving, and the conduct expected of you during your Shark Dive experience. To enrol in the Shark Dive experience, you are required to read the below Medical Statement, which includes the Medical Declaration Questions. Your signature on this document is required for your participation in the Shark Dive Xtreme experience.

PLEASE READ THE FOLLOWING CAREFULLY PRIOR TO BOOKING

You **MUST** be at least 14 years of age to participate - any diver under the age of 18 must have a parent or legal guardian in attendance at the dive safety briefing on the day.

Shark Diving is an adrenaline fuelled activity and can be demanding for some. When performed correctly, using the right technique, it is relatively safe. It is important that all established safety procedures are followed as to not increase the risk of this activity.

Diving can be strenuous under certain conditions therefore **You must** be in good health and **not suffer from:** respiratory and circulatory problems, coronary disease, cold or congestion, epilepsy, or any severe medical problem/s.

IMPORTANT: IF YOU HAVE TESTED POSITIVE FOR COVID – 19, PLEASE REFER TO SEA LIFE MELBOURNE AQUARIUM'S SDX COVID-19 MEDICAL QUESTIONNAIRE

IF YOU HAVE RECEIVED A VACCINATION FOR COVID-19, A WAITING PERIOD OF UP TO 14 DAYS MAY BE REQUIRED BEFORE PARTICIPATING IN YOUR SDX EXPERIENCE. PLEASE REFER TO THE SEA LIFE MELBOURNE AQUARIUM'S COVID-19 DIVE MEDICAL UPDATE DOCUMENT

Anyone under the influence of alcohol or drugs will not be permitted to dive.

Drinking within 12 hours prior to your dive, or flying (or going up in altitude 300+m) within 12 hours after your dive, will put you at an increased risk for decompression illness and for your safety you will not be permitted to dive.

On the day, you will undergo a compulsory safety briefing run by our trained dive professionals. In this briefing, you will learn the importance of breathing and equalising while SCUBA diving, as well as how to safely use the equipment provided. Improper use of SCUBA equipment can result in serious injury.

If you have any questions regarding this Medical Statement or the Medical Declaration questions, please contact our Experience bookings office:

Email: experiences@melbourneaquarium.com.au

SDX DIVER'S MEDICAL DECLARATION

Given Names: _____ Surname: _____

Address: _____

Phone: _____ Email: _____

Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____

It is important NOT to conceal any related medical condition as you might put your health or life at risk. Please Tick EACH INDIVIDUAL BOX as it corresponds to you (the diver)

Currently....	Yes	No
Could you be pregnant, or are you attempting to become pregnant? *	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a cold/flu, or have you had one in the past 7 days? *	<input type="checkbox"/>	<input type="checkbox"/>
Have you received a vaccination for COVID-19 in the last 7 days? *	<input type="checkbox"/>	<input type="checkbox"/>

*Please advise a member of the SEA LIFE Bookings/Dive team if you have answered "Yes" to the above questions as soon as possible as you may not be able to participate in your scheduled dive.

If you indicate "Yes" to any of the questions below, this does not necessarily disqualify you from diving, however we require that you consult with a certified diving physician to be assessed and gain clearance prior to your participation in the Shark Dive Xtreme experience. Please note, this assessment may be subject to additional charges by the physician/clinic.

Currently....	Yes	No
Are you presently taking prescription medications? (With the exception of birth control)	<input type="checkbox"/>	<input type="checkbox"/>
Are you over 45 years of age AND can answer YES to one or more of the following?		
<input type="checkbox"/> Smoker (pipe, cigars, or cigarettes)		
<input type="checkbox"/> Have high cholesterol		
<input type="checkbox"/> Have a family history of heart attack or stroke		
<input type="checkbox"/> Are currently receiving medical care		
<input type="checkbox"/> Have high blood pressure		
<input type="checkbox"/> Suffer from Diabetes mellitus (even if controlled by diet alone)	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever had, or do you currently have...?	Yes	No
Covid-19	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, wheezing with breathing or with exercise?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent or severe attacks of hay fever or allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent colds, sinusitis, or bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax (collapsed lung), any form of lung disease or any other chest disease or surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, seizures, convulsions or take medications to prevent them?	<input type="checkbox"/>	<input type="checkbox"/>
Recurring complicated migraine headaches or take medications to prevent them?	<input type="checkbox"/>	<input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness)?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural health, mental or psychological problems (panic attacks, fear of closed or open spaces)?	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery or dehydration requiring medical intervention?	<input type="checkbox"/>	<input type="checkbox"/>
Any dive accidents or decompression sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)	<input type="checkbox"/>	<input type="checkbox"/>
Head injury with loss of consciousness in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>
Back, arm or leg problems <u>following</u> surgery, injury, or fracture?	<input type="checkbox"/>	<input type="checkbox"/>
Back problems, including back or spinal surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure or take medicine to control blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease or heart attack, angina, heart surgery or blood vessel surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Sinus surgery, ear disease or surgery, hearing loss or problems with balance or reoccurring ear problems?	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding or other blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
Hernia?	<input type="checkbox"/>	<input type="checkbox"/>
Ulcers or ulcer surgery?	<input type="checkbox"/>	<input type="checkbox"/>
A colostomy or ileostomy?	<input type="checkbox"/>	<input type="checkbox"/>
Recreational drug use or treatment for, or alcoholism in the past five years?	<input type="checkbox"/>	<input type="checkbox"/>

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 / past health conditions.

Signature: _____

Date: _____

Witness: _____

Date: _____

Parent/ Legal Guardian (required for those under the age of 18)