

## 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.

**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) 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 properly 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:

**Phone: (03) 9067 8300**

**Email: [experiences@melbourneaquarium.com.au](mailto:experiences@melbourneaquarium.com.au)**

# Divers Medical Declaration

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_  
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.**

## Currently....

\_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?\*

\_\_\_\_\_ Do you have a cold/flu or have you had one in the past 7 days?\*

\*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

**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.**

## Currently....

\_\_\_\_\_ Are you presently taking prescription medications? (With the exception of birth control)

\_\_\_\_\_ Are you over 45 years of age and answer **YES** to one or more of the following?

- Smoker (pipe, cigars or cigarettes)
- Has high cholesterol
- Has a family history of heart attack or stroke
- Is currently receiving medical care
- Has high blood pressure
- Suffers from Diabetes mellitus, even if controlled by diet alone

## Have you ever had or do you currently have...

\_\_\_\_\_ Asthma, wheezing with breathing or with exercise?

\_\_\_\_\_ Frequent or severe attacks of hay fever or allergies?

\_\_\_\_\_ Frequent colds, sinusitis or bronchitis?

\_\_\_\_\_ Any form of lung disease?

\_\_\_\_\_ Pneumothorax (collapsed lung)?

\_\_\_\_\_ Other chest disease or chest surgery?

\_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?

\_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?

\_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?

\_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

\_\_\_\_\_ Behavioural health, mental or psychological problems (Panic attacks, fear of closed or open spaces)?

\_\_\_\_\_ Dysentery or dehydration requiring medical intervention?

\_\_\_\_\_ Any dive accidents or decompression sickness?

\_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)

\_\_\_\_\_ Head injury with loss of consciousness in the past five years?

\_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?

\_\_\_\_\_ Back problems, including back or spinal surgery?

\_\_\_\_\_ Diabetes?

\_\_\_\_\_ High blood pressure or take medicine to control blood pressure?

\_\_\_\_\_ Heart disease or Heart attack?

\_\_\_\_\_ Angina, heart surgery or blood vessel surgery?

\_\_\_\_\_ Sinus surgery?

\_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?

\_\_\_\_\_ Reoccurring ear problems?

\_\_\_\_\_ Bleeding or other blood disorders?

\_\_\_\_\_ Hernia?

\_\_\_\_\_ Ulcers or ulcer surgery?

\_\_\_\_\_ A colostomy or ileostomy?

\_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

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)