

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, IT IS REQUIRED THAT YOU SEEK CLEARANCE FROM A CERTIFIED DIVING PHYSICIAN PRIOR TO YOUR EXPERIENCE

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

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?*

_____ Have tested positive or are awaiting test results for COVID – 19*

*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)