

Personal Details		
Surname	Given names	
Address		
		Phone
Date of birth	/	/
Sex:		Male Female

Have you ever suffered, or do you now suffer from, any of the following?		
	Yes	No
Asthma or wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Breathlessness		
Chronic sinus condition		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Epilepsy		
Heart disease of any kind		
Tuberculosis or other long-term lung disease		
Fainting, seizures or blackouts		
Abnormal blood pressure		
Any psychiatric disorders		
Ear surgery		
Perforated eardrum		
Other illness or operation within the last 6 months		

If you have ticked yes to any of the above you will need a medical clearance from a diving doctor

	Yes	No
Type 2 Diabetes (diet controlled)		
Recurrent ear problem when flying or during water activities		
Any dizziness or disorientation		
Seafood Allergy (Fish, Cephalopods, Crustaceans, Shellfish/Bivalves)		

If you have ticked yes to the last four questions you will need to discuss this with our instructor

Are you currently suffering from		
	Yes	No
Ear discharge or infection		
Have you ingested any alcohol; within the eight hours prior to diving?		
Currently suffering with a hangover or use of recreational drugs?		
Are you pregnant?		
Are you planning on flying within 12 hours?		
Any respiratory, cold, flu-like or gastro infections or symptoms in the last 48 hours?		

If you have ticked yes to any of the above you will not be permitted to dive

	Yes	No
Other illness within the last 6 months		
Are you currently taking any medicine or drug (excluding oral contraceptives)?		

If you ticked yes to any of the last questions you will need to discuss this with our instructor

Are you able to

	Yes	No
Lift and Climb steps whilst carrying 40kg of weight		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		

Have you

	Yes	No
Removed all jewellery and piercings		

Signature	Date	/	/
Parent/Guardian	Date	/	/

Participant to complete, sign and return at least 7 days prior to experience to SLSCreservations@merlinentertainments.com.au

Note: On the day of arrival your submitted medical declaration will be clarified with you to ensure it is still accurate and current. In particular, all participants will be asked, do you have any respiratory, cold, flu-like or gastro infections or symptoms in the last 48 hours?