

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 or mental health 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. Our reservations team can assist with locating a nearby practice.

Have you ever suffered, or do you now suffer from, any of the following?			Yes	No
Type 2 Diabetes (diet controlled)				
Recurrent ear problem when flying or during water activities				
Any dizziness or disorientation				
COVID-19				
Seafood Allergy (Fish, Cephalopods, Crustaceans, Shellfish/Bivalves)				

If you have ticked yes to any of the above you will need to discuss this with our Dive 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, COVID-19 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.

Are you currently suffering from		
	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		
Received or are scheduled to have a COVID-19 vaccination within the last 7 days?		

PLEASE NOTE THE FOLLOWING BEFORE SIGNING!

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, COVID or gastro infections or symptoms in the last 48 hours?

Should you experience any respiratory, cold, flu-like, COVID or gastro infections or symptoms within 48 hours of your scheduled experience please contact our reservation team immediately?

Signature	Date	/	/
Parent/Guardian	Date	/	/

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

If getting in touch with our reservations team on Saturday or Sunday please call our Customer Team +61 2 9333 9200.

Day of experience signature reconfirmation of the above.

Signature	Date	/	/
Parent/Guardian	Date	/	/
DIVE INSTRUCTOR Signature	Date	/	/

Office use only

<i>Additional observers for experience</i>	
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