

# SHARK DIVE

X T R E M E

## SHARK DIVE XTREME MEDICAL CLEARANCE

SEA LIFE Sydney 1-5 Wheat road, NSW 2000

E-mail [guestsupport.slsydney@merlinentertainments.biz](mailto:guestsupport.slsydney@merlinentertainments.biz)

---

### FOR GUEST

You have indicated on the SDX Medical Declaration that you may have a medical condition that puts you at higher risk during scuba diving. SEALIFE Sydney Aquarium requires you to seek clearance from a **CERTIFIED DIVING DOCTOR** in order to continue your experience.

A list of diving doctors can be found at <https://www.spums.org.au/>

It is at the discretion of the diving doctor as to the medical examination/s necessary to provide you with clearance, some of which may be subject to additional charges.

Please book an appointment requesting an assessment for the Shark Dive Xtreme experience and take this form, along with your SEALIFE Medical Declaration to be signed off by the diving doctor.

Please note some medical conditions prevent you from diving and a medical assessment does not guarantee you obtaining clearance to participate in the SDX experience

---

### FOR DIVING DOCTOR

Your patient is booked in to complete an introductory dive at SEA LIFE Sydney Aquarium. They have indicated that they have a medical condition that requires them to obtain clearance from a **CERTIFIED DIVING DOCTOR** prior to their participation.

Please find details of the SDX experience below;

- Divers will be expected to be able to rise unassisted from a seated position and use a ladder in and out of the water wearing 25-35Kg of equipment.
- A maximum dive depth of 3m
- Duration of dive will consist of a 20 minute in water skills session and 30 minutes at depth
- Temperature is approximately 15-24°C
- Participants are required to wear a full length 5mm wetsuit, gloves, boots, hood, mask and fins

Please complete the form on the following page and sign where necessary.

---

# SHARK DIVE

## X T R E M E

.....

This is to certify that I have examined:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Examination: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Certificate of Fitness to dive:

I have:

- Reviewed the applicant's history in conjunction with their SEALIFE Medical Declaration
- Reviewed and conducted the appropriate medical examination/s with a view to their participation in the SDX experience
- Reviewed any comments and advice from their medical practitioner/s (if relevant)
- Discussed how these risks may be managed on the day of the SDX experience.

(Tick relevant box)

In light of this, I do not believe the condition contra-indicates participation in the SDX experience, provided they continue to comply with the medical advice which has been provided.

Based upon my assessment, the candidate is not medically fit to dive in the SDX experience.

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Stamp:

*\*By signing this form you are confirming that you are qualified to issue  
Recreational Scuba Diver's Physical Examinations to meet AS4005 standards*