PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

_____ Do you currently have an ear infection?
_____ Do you have a history of ear disease, hearing loss or problems with balance?
_____ Do you have a history of ear or sinus surgery?
_____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
_____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?
_____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
_____ Do you have active asthma or history of emphysema or tuberculosis?
_____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
_____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
_____ Are you or could you be pregnant?
_____ Do you have a history of colostomy?
_____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
_____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
_____ Are you over 45 and have a family history of heart attack or stroke?
_____ Do you have a history of bleeding or other blood disorders?
_____ Do you have a history of diabetes?
_____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
_____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
_____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

_____ _____
Participant Signature Date (Day/Month/Year)

_____ _____
Parent/Guardian Signature (where applicable) Date (Day/Month/Year)