

Insuring the safety of our scuba guests is our foremost goal and we ask that all participants cooperate fully in this manner to insure your well being. We are also concerned with avoiding any disappointment and issues that may arise when guests arrive with us and find that, for medical reasons as a matter of safety, we are forced to deny diving services.

We therefore ask that both beginner Dive N'Discover and Certified diving participants carefully go through the Medical History Questionnaire below and let us know if you answer YES to any question; any YES answers will require an unconditional written Medical Release stating the diver/student is fit to dive.

On the standard Certified Diver PADI waiver required to be completed by all participants, it states:

Do you have any physical or medical condition of which we should be aware? (Please circle one) YES NO

If YES, please explain: _____

If a guest answers YES to this question, it is the professional responsibility of our dive leaders to require a physician's Medical Release before providing scuba services.

Also available as a resource is the Diver's Alert Network (DAN), the recognized leaders in dive medicine, who can be contacted on their Medical Information Line at 1-919-684-2948.

Medical History Questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer the following questions on your past and present medical with a "YES" or "NO". If you are not sure, answer "YES".

- ___ Could you be pregnant or are you attempting to become pregnant?
- ___ Do you regularly take prescription or nonprescription medications?
(with the exception of birth control)
- ___ Are you over 45 years of age and have one or more of the following?
 - *currently smoke a pipe, cigars or cigarettes
 - *have a high cholesterol level
 - *have a family history of heart attacks or strokes

HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE.....

- ___ Asthma, or wheezing with breathing, or wheezing with exercise?
- ___ Frequent or severe attacks of hay fever or allergy?
- ___ Frequent colds, sinusitis or bronchitis?
- ___ Any form of lung disease?
- ___ Pneumothorax (collapsed lung)?
- ___ History of chest surgery?
- ___ Claustrophobia or agoraphobia (fear of closed or open spaces)?
- ___ Behavioral health problems?
- ___ Epilepsy, seizures, convulsions or take medication to prevent them?
- ___ Recurring migraine headaches or take medications to prevent them?
- ___ History of blackouts or fainting (full/partial loss of consciousness)?
- ___ Do you frequently suffer from motion sickness?
- ___ History of diving accidents or decompression sickness?
- ___ History of recurrent back problems?
- ___ History of back surgery?

- History of diabetes?
- History of back, arm or leg problems following surgery, injury or fracture?
- Inability to perform moderate exercise (walk one mile within 12 minutes)?
- History of high blood pressure or take medicine to control it?
- History of any heart disease?
- History of heart attacks?
- Angina or heart or blood vessel surgery?
- History of ear or sinus surgery?
- History of ear disease, hearing loss or problems with balance?
- History of problems equalizing (popping) ears with airplane or mountain travel?
- History of bleeding or other blood disorders?
- History of any type of hernia?
- History of ulcers or ulcer surgery?
- History of colostomy?
- History of drug or alcohol abuse?