



LADY MUSGRAVE
— EXPERIENCE —
SOUTHERN GREAT BARRIER REEF

Initial Medical Declaration for Introductory Diving
TO BE COMPLETED AND SIGNED FOR BY INTRODUCTORY DIVER

Name:		Date of Birth:	
Date:		Contact Number:	

Have you suffered from or do you now suffer from any of the following?	Yes	No
Asthma or wheezing		
Fainting, seizures, or blackouts		
Chronic Bronchitis, or persistent chest complaints		
Chronic sinus conditions		
Chest surgery		
Recurrent ear problems when flying or do you have issues equalising your ears?		
Epilepsy		
Tuberculosis or any other long-term lung disease		
Diabetes Mellitus (sugar diabetes)		
Brain, spinal cord or nervous disorder		
Heart disease of any kind		
Collapsed lung (pneumothorax)		
Breathlessness		

Are you currently suffering from:	Yes	No
Chronic ear discharge or infection		
Perforated eardrum		
Are you currently taking any medicine or drug (excluding oral contraceptives)		
Are you pregnant?		
High blood pressure		
Any other illness or operation in the last 12 months?		
Have you had ear surgery?		
Have you given birth in the last 12 months?		
Are you over 60 years of age?		
If you have answered yes to any of the questions please elaborate below:		

Risk Assessment	Yes	No
Do you have any flights planned within the next 24 hours?		
Do you understand that you should not consume alcohol 8 hours prior to diving?		
Do you understand that concealment of any of the above, will put your health or life at risk?		
Are you 12 years of age or older?		
Can you swim 100m at one time?		
Have you snorkelled before?		
Can you speak fluent English?		

Lady Musgrave Experience is a certified PADI & SSI Dive Centre and we are governed by the worldwide PADI & SSI Legislative network for all our scuba diving activity. As you are not a certified diver, this check list is **step one** in the process of determining whether you will need to be examined by a physician before participating in recreational diving with us. You will be required to complete the official PADI or SSI medical declaration form prior to diving with us.

Please sign below to confirm that all the information you have provided is true and you have understood that by answering YES to any of the medical questions in the above we are not legally permitted to take you diving without you consulting a physician & obtaining medical clearance.

If you are under 18, a parent or guardian must accompany you on board and sign below

Name: _____ Signature: _____ Date: _____

Signature of Parent or Guardian (where applicable): _____

Office Use Only

BCD	REGS	WETSUIT	FIN SIZE	MASK	Office Staff	Instructor
XS S M L XL XXL	YES/NO	XS S M L XL XXL		YES/NO		