

# Discover Scuba Diving Registration Form

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Committing to the terms listed below : \_\_\_\_\_ Month/Day/Year

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Shoe Size: \_\_\_\_\_ Circle One: Female Male

**COURSE DESCRIPTION:** Discover Scuba Diving

## Pool Date:

**In signing, I agree to the terms stated herein, and accept full financial responsibility for myself and the others I have listed above. I understand that because of space limitations and instructor and facility commitments, that registration and tuition fees are due in full at time of registration. Cancellation within 14 days of the scheduled training dates are not refundable, but may be transferred to other class dates on a standby, space available basis. Re-scheduled training dates cannot be confirmed till 5 days prior to the new program dates. I understand that if any of the medical conditions on the attached medical statement apply, I must seek a physicians written approval on the PADI Medical Statement prior to the program - and that I am responsible for providing this written approval from my physician to Seattle Scuba at least 5 days prior to the date I am scheduled for. Failure to provide this will result in my being unable to join the session.**

**Student Signature:** \_\_\_\_\_ **Date** / /

**Parent or Guardian:** \_\_\_\_\_ **Date** / /

*(If Student is under 18 years of age.)*

## PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, 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 this 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 preexisting 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)?