PADI

☑ Discover Snorkeling Statement
☐ Skin Diving Statement
☐ Supplied Air Snorkeling Statement

Participant Record (Confidential Information)

Participant Name: _____ Date of Birth: _____ (Day/Month/Year)

Mailing Address: _____

_____ Postal / Zip: _____

Age: _____ Phone (Home): ( ) Phone (Office): ( )

- **LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR DISCOVER SNORKELING**
- **LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR SKIN DIVING**
- **LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK FOR SUPPLIED AIR SNORKEING**

Please read carefully and fill in all blanks before signing.

I, _____ (Participant Name), hereby acknowledge that I have been advised and thoroughly informed of the contents of:

☑ **Snorkeling** ☐ **Skin Diving** ☐ **Supplied Air Snorkeling**
(Make a check in the appropriate box.),

and that I still choose to participate in this Program.

I (Participant) understand that this Program may be conducted at a site such as a sea area, a lake or a pool. Therefore, in consideration of being allowed to enroll in this Program, I agree to comply with judgement and directions for safety to be made by the guide(s) or instructor(s).

I understand that this Program is a sport and that I have to be in a good medical condition to participate in it. I expressly declare that I currently do not have any ear disease, or respiratory or circulatory problem, and that I have fully explained to the guide(s) or instructor(s) all of my past and present medical history. I hereby agree that, in case of doubt or upon instruction by the guide(s) or instructor(s), I must consult a doctor and undergo an examination. I further acknowledge that the participation in this Program is allowed on the condition that I am not currently taking any medication and that I am in a good physical condition.

I understand that I have to make every possible effort to prevent the risk, and that, if the worst happens, I have to accept sole responsibility for it.

I have fully informed myself of the contents described above by reading them, and upon confirmation of all of them,
I hereby sign this LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK.

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

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

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)?

Please read the two additional light blue panels, fill in the information on the back and sign. (see reverse)