



SEA LIFE SHARK DIVE XTREME MEDICAL DECLARATION

To be completed and signed by every resort / shark dive participant

Personal Details

Surname:		Given names:	
Address:			
		Phone:	
Date of birth:	DD / MM / YYYY	Sex:	Male Female

Have you ever suffered, or do you now suffer from, any of the following?

	Yes	No
Asthma or wheezing		
Abnormal blood pressure		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus condition		
Collapsed lung (pneumothorax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery within the past 3 months		
Epilepsy		
Heart disease of any kind		
Tuberculosis or other long-term lung disease		
Other illness or operation within the last month		

If you have ticked yes to any of the above you will need a scuba diving medical from a medical practitioner

	Yes	No
Fainting, seizures or blackouts		
Recurrent ear problem when flying or during water activities		
Any dizziness or disorientation		
Do you have any open wounds?		
Is your immune system currently compromised?		

If you have ticked yes to any of the above you will need to discuss this with our instructor

Are you currently suffering from

	Yes	No
Ear discharge or infection		
Perforated eardrum		
Have you ingested any alcohol; within the eight hours prior to diving?		
Are you pregnant		
Are you planning on flying within 12 hours		

If you have ticked yes to any of the above you will not be permitted to dive

	Yes	No
Breathlessness		
Other illness within the last month		
Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		

If you have ticked yes to the first five questions you will need to discuss this with our instructor

Are you able to

	Yes	No
Lift 35kg in weight		
Climb steps while holding 35kg of weight		

Signature	Date	/	/
Parent/Guardian	Date	/	/