

MEDICAL HISTORY QUESTIONNAIRE

Medical History Statement: I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases.

I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for rigors of diving or if I answer a YES on this form.

If you are taking a course with THELONGHOSE, you will ALWAYS need to have a medical certificate stating that you are fit for scuba diving issued within the last 12 months by a licensed physician, as it is mandatory to have one in order to dive in Spain.

Tick here if doing a COURSE <input type="checkbox"/>	Tick here if you are DIVING <input type="checkbox"/>
Agency:	First diving day (DD/MM/YYYY):
Course:	Last diving day (DD/MM/YYYY):
First Name:	Last Name:
E -mail:	Phone Number: +()

Medical History

Answer by Y (Yes) or N (No) next to all of the following, and explain under remarks any Y (Yes) answers

Behavioral health problems:	Diabetes:
Claustrophobia:	Colostomy:
Agoraphobia:	Hernia:
Migraine headaches:	Dizziness or fainting:
Epilepsy:	Recent surgery:
Ear & Hearing problems:	Hospitalized:
Trouble Equalizing pressure:	Pregnant or Suspect you are:
Sinus Trouble:	Motion Sickness:
Severe Hay Fever:	Pneumothorax (collapsed lung):
Heart Trouble:	Dental plates:
High Blood Pressure:	Physical disability:
Heart Surgery:	Serious injury:
Asthma:	Over 45 years old and can answer Yes to one or more of the Following: <ul style="list-style-type: none"> • Smoke • High cholestrol level • Have a family history of heart attack or stroke • High blood pressure • Diabetes mellitus, even if controlled by diet alone
Bronchitis:	
Tuberculosis:	
Respiratory problems:	
Back problems:	
Back/spinal surgery:	
Hepatitis:	Regular medication:
HIV positive:	Drug allergies:
Alcohol or drug abuse:	Rejected from any activity for medical reasons:
Ulcers:	Any medical condition not listed:

Remarks:

List all medications you are presently taking:

By signing this form I agree that all contents are true.

Signature of Participant: _____

Printed Name: _____

Date: _____

I am a minor and my parent or guardian has signed below.

Signature of parent or guardian if Participant is a Minor, and by their signature they, on my behalf release all claims that they and i have.: _____

Printed Name: _____

Date: _____