

# 課程報名表 Application Form

報讀課程名稱 : \_\_\_\_\_ 班號 : \_\_\_\_\_  
Course Name : \_\_\_\_\_ Class : \_\_\_\_\_

## 個人資料 Student Profile

英文姓名  
Name in English \_\_\_\_\_  
英文名字 First name \_\_\_\_\_ 英文姓氏 Last name \_\_\_\_\_

中文姓名  
Name in Chinese \_\_\_\_\_ 聯絡電話號碼  
Mobile Phone \_\_\_\_\_

性別  女性 Female  男性 Male 職業  
Gender \_\_\_\_\_ Occ. \_\_\_\_\_

出生日期  
Date of Birth \_\_\_\_\_  
年 Year \_\_\_\_\_ 月 Month \_\_\_\_\_ 日 Date \_\_\_\_\_

電郵地址  
Email Address \_\_\_\_\_

英文地址  
Mailing Address \_\_\_\_\_

職員使用 For Office Use Only	
Member No.	MB
Date	/ / 2026
Invoice No.	
Payment Method	Visa / Master / EPS / COD / 銀聯 / 6 分期 / 轉帳 / 支付寶 / FPS / AE / Payme/ 國內支付寶
Course Fee	HK\$
Manual	English <input type="checkbox"/> 已取 <input type="checkbox"/> 未取 <input type="checkbox"/> 朋友代取
eCode	
Logbook	DA / PADI 中文 / PADI Eng <input type="checkbox"/> 已付 <input type="checkbox"/> 未付 <input type="checkbox"/> 未取 <input type="checkbox"/> 朋友代取
Lunch Fee	<input type="checkbox"/> \$200 已付 <input type="checkbox"/> 未付
Coupon	<input type="checkbox"/> Promotion Coupon <input type="checkbox"/> \$200 coupon (No. _____)
Handle by	
PADI eForm	<input type="checkbox"/>

本人已知悉在進行 PADI 開放水域潛水員課程時需完成以下水中技巧要求: 1. 水面徒手連續游泳 200 米或穿戴面鏡, 呼吸管及蛙鞋連續游動 300 米。(不計時); 2. 在不藉助任何游泳輔助器材, 水中游泳/漂浮 10 分鐘 並確定本人在報讀前已具備相關技巧。

I have been informed that during PADI Open Water Course I will need to complete the following waterskills assessments:  
1. Complete a 200 metre/yard continuous surface swim or a 300 metre/yard swim with mask, fins and snorkel; 2. complete a 10-minute swim/float without using any swim aids. I hereby declare that I have the required ability to complete the said assessments.

申請人簽名 Applicant's Signature \_\_\_\_\_

日期 Date \_\_\_\_\_

18 歲以下青少年父母或監護人簽名  
Signature of Parent or Guardian  
(For children under 18 years old)

父母或監護人姓名  
Parent's or Guardian's Name

與申請人關係  
Relationship

聯絡電話號碼  
Contact Number

緊急聯絡人資料 Emergency Contact Information	姓名 Name	關係 Relationship	電話 Mobile Phone

為方便儀器借用, 請回答下列問題:  
For the diving equipment preparation, please answer the below:

體重 Body weight : \_\_\_\_\_ kg  
身高 Height : \_\_\_\_\_ cm  
鞋號 Shoe size : \_\_\_\_\_ US

如何得知本課程資料?  
How do you know this course?

朋友介紹 Friend  網站 Website  
 搜尋引擎 Search Engine  店鋪職員 Staff  
 社交媒體 Social Media  其他 Other

請勿填寫, 職員使用 For Office Use Only

Sessions	理論 Theory		平靜水域 Confined Water		出海 Open Water	
	Day 1	Day 2	Day 1	Day 2	Day 1	Day 2
Date						
Time						
Remark						
<input type="checkbox"/> 補潛水證 <input type="checkbox"/> 補醫生紙 <input type="checkbox"/> Remark						

### 參加者須知 Awareness of Applicant

1. 訓練班不會提供有近視或遠視度數的潛水鏡、個人梳洗用品、午餐、潛水電腦錶、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備。  
Diving Adventure (DA) will NOT provide any mask with correction lens, personal cleaning supplies, lunch, Dive computer and swimming suits / pants to the applicants.
2. 本會基本上只借出加細碼、細碼、中碼、大碼及加大碼的膠衣，恕未能提供一些特別尺碼的膠衣予參加者。如這五種尺碼均未能適合，參加者可考慮自行購買。  
DA will only provide normal size wetsuits (XS, S, M, L, XL) to the applicants.
3. 如在訓練期間遺失或損毀借用之潛水裝備，本會將要求參加者照原價賠償。  
Applicants will be liable for any lost or damage to the DA equipment caused by the applicants during the training.
4. 參加者在出海訓練時需自行配備個人安全用具，包括潛水用的手套、潛水刀及電筒。  
For safety, applicants are advised to bring their own protection tools such as gloves, knife and torches for open water training.
5. 當天文台懸掛三號或以上之颱風信號或黑色暴雨警告時，當天水上實習之活動將會改期。如參加者不論任何情況無故缺席或自行因天氣情況、遲到而延誤課程或取消活動，本會將收取有關補堂的費用。**(活動前超過 48 小時更改時間另收行政費用\*\$300，48 小時之內更改時間或缺席者需繳交補堂費用：課室\*\$500 起；泳池 \*\$800 起；出海訓練: \*\$1000 起，報讀持續進修基金課程學生無論任何情況下每次補堂需另收行政費用\*\$300) \*每堂港幣**  
Upon severe weather conditions such as Typhoon signal 3 or black rain being hoisted 2 hrs. before the water activities, DA will cancel the event. Participant(s) must adhere to the course schedule(s). Administration and Reschedule fees will be charged if the participants fails to adhere to the schedule.. **(Reschedule or cancel before 48 hrs. of the event starting, admin fee \*\$300. Reschedule less than 48 hrs., or no-show surcharge: Classroom: \*\$500 or above; Pool: \*\$800 or above; Open Water Training: \*\$1000 or above; \*\$300 additional surcharge for Continuing Education Fund Course)** \*HK Dollars per reschedule / session
6. 各參加者在考慮參加課程前請先確認自己的身體狀況是否適合參加，有否患有一些不適宜潛水的疾病如哮喘、心臟病或耳膜受損等；如有疑問，請先徵詢醫生的意見或作身體檢查。如參加者刻意隱瞞而導致意外發生，本會概不負責，而本會一經得知，亦有權終止該生繼續參加，而學費恕不退回。  
Applicants should consider if their physical health is suitable for this activity. DA will NOT take any responsibility for any concealed medical history in the application form. DA reserves the right to terminate the applicant's candidacy, and the course fee will NOT be refunded in this case.
7. 如參加者學習進度未能達標，教練有權要求參加者另付額外補堂去加強技巧訓練，所產生費用如泳池費、教練費、行政費需由參加者自行承擔。如教練建議參加者需要私人單對單教授才可能達標，補堂費用會將以補堂費雙倍計算。  
Students failing any sessions will be required to attend extra session(s) in order to progress. Any extra fees incurred such as pool costs, instructor and administration fees will be borne by the student. If the instructor believes a participant needs a one-to-one instruction, is necessary to reach the targets, the make-up class fees will be double.
8. 如教練或本會職員於任何時間觀察到參加者的健康狀況不宜學習，教練有權終止其學習以策安全。  
Instructor or DA reserves the right to terminate the course for safety reason upon observation when students are not in good health.
9. 課程學費恕不退回，學生亦不得更改班別或私自作出課堂的轉讓而學費亦不可轉作其他用途。  
Enrollment fee is NON-REFUNDABLE and NON-TRANSFERRABLE once paid. Cancellation fee or postponement fee may be applicable upon changing of the course schedule.
10. 參加者需在一年內完成所報讀之課程，如在一年內未能完成其課程，有關課程則當無效，所付學費亦不能退回。學生如需繼續完成課程將會重新收費。  
Applicants should **complete the enrolled course within ONE year**. If the limit is exceeded, DA reserves the right to terminate the course without refunding.
11. 參加者需在報名前肯定其本身已達到相關游泳技巧 **(水中技巧要求: 1. 水面徒手連續游泳 200 米或穿戴面鏡，呼吸管及蛙鞋連續游動 300 米。(不計時); 2. 潛水學員在不藉助任何游泳輔助器材，水中游泳 / 漂浮 10 分鐘)**，如學生刻意隱瞞，本會教練有權終止該生繼續參加而學費恕不退回。而學員在訓練期間任何身體損傷，本會概不負責。  
Applicants should ensure their ability to swim prior to the enrollment of the course. **(Water skills Assessment: 1. 200 meters continuous surface swim or a 300 meters / yard swim with mask, fins and snorkel. (No time limited) 2. Completing a 10-minute tread / float without using any swim aids.)** DA will NOT be responsible for any loss of property or physical damage due to the applicant's inability to swim. Also, DA reserves the right to terminate the course without refunding if the applicant is found to have inadequate swimming capabilities.
12. 本會不會代為保管參加者財物。請小心保管個人財物，課室、泳池或出海訓練時避免攜帶貴重飾物或大量現金。如有遺失，本會恕不負責。  
Please take good care of all your belongings, DA takes NO responsibility for any property lost in the classroom, pool or on boat.
13. 參加者請勿攜帶寵物參加活動。  
Pets are NOT allowed on board our diving boats or in pool.
14. 如遇上特別情況，本會及教練保留更改原定課程之上課時間、地點、導師及船隻之權利。  
DA reserves the right to change the course timetable, instructor and location in particular circumstances.
15. 本會著重安全第一及嚴謹遵守潛水員守則，因此參加者必須聽從教練指示，未經許可不得擅自下水。如發現有任何違法、違規或行為操守有問題者，將被勒令即時退出，所繳費用亦一概不獲發還。  
Safety is always our first priority. Therefore applicants must obey the Rules and Regulations of Divers, and follow the instructions from your instructor. Entering the water without permission is NOT allowed. Violations of the rules will result in the prohibition to dive, and at the same time, DA reserves the right to withdraw the applicants from the course where refund is NOT possible.

16. 參加者必須依時出席所有訓練，如未能出席所有課堂及完成課程，本會保留發證之權利。如需補堂，費用另議。  
Applicants must participate in all scheduled training on time. DA will not issue the certificate in case of incompleteness of the course.
17. 本會所舉辦的潛水課程之所有章節乃根據國際標準而釐定，而每個課程亦有指定合格要求及評核基準以符合課程標準及保障參加者安全。學員只能在合格後才能獲發有關潛水資歷或證書。若學員未能在規定時間內跟上進度、未能掌握有關水中技巧或未能通過本會之水試或筆試，本會有權保留發證權利。學員可自行決定是否自費補堂以達到合格標準。  
All diving courses conducted by DA instructors strictly follow the international standards and regulations, each course possesses different requirements and evaluation standards. **If applicants could not fulfill requirements, fails the water test or final exam, or fail to complete the scheduled course, DA reserves the right NOT to issue the related certificate.** Applicants could decide to take extra tutorial sessions in order to complete the course. Certificates will only be issued to those who fulfilled all the requirements of the course.
18. 本會保留刊登任何參加者於活動時之照片、影像之權利，以作任何本機構的活動宣傳之用。  
DA reserves the right to distribute any activity photos or videos taken during the training sessions or during on boat activities for advertising purposes.
19. 本會擁有任何權利決定接受或拒絕任何申請，而不須作任何解釋。  
DA reserves the right to accept or reject any application without giving any explanation(s)

本人 \_\_\_\_\_ 已經閱讀過背頁的參加者須知，並完全明白及了解「潛水歷險會參加者須知」的內容及願意遵守須知內的守則來進行安全潛水活動。

I \_\_\_\_\_ have acknowledge & agreed to the “Awareness of Applicant” stated above by reading it before I signed it on behalf of myself.

\_\_\_\_\_  
參加者簽署  
Signature of Applicant

\_\_\_\_\_  
18 歲以下青少年父母或監護人簽名  
Signature Of Parent or Guardian  
(For children under 18 years old)

\_\_\_\_\_  
日期  
Date (Day/Month/Year)



# Non-Agency Disclosure and Acknowledgment Agreement

In European Union and European Free Trade Association countries use alternative form.

**Please read carefully and fill in all blanks before signing.**

I understand and agree that PADI Members ("Members"), including \_\_\_\_\_ store/resort and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc. or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of \_\_\_\_\_ store/resort and/or the instructors and divemasters associated with the activity.

## Liability Release and Assumption of Risk Agreement

In European Union and European Free Trade Association countries use alternative form.

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_ Participant Name, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand and agree that neither my instructor(s), \_\_\_\_\_, the facility through which I receive my instruction, \_\_\_\_\_ store/resort,

nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this diving program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this course (and optional Adventure Dive), hereinafter referred to as "program," I hereby personally assume all risks of this program, whether foreseen or unforeseen, that may befall me while I am a participant in this program including, but not limited to, the academics, confined water and/or open water activities.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification.

**I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGEMENT AGREEMENT AND LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT BY READING BOTH BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.**

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_ Participant Name, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, \_\_\_\_\_, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, \_\_\_\_\_, AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

\_\_\_\_\_  
Participant's Signature Date (Day / Month / Year)

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



## Standard Safe Diving Practices Statement of Understanding

Please read carefully before signing.

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgement and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, \_\_\_\_\_ (Print Name), understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – **Slowly Ascend From Every** dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws.

**I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.**

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

Date (Day/Month/Year)



# Youth Diving: Responsibility and Risks Acknowledgment

(Please read carefully, fill in all blanks, and sign and date below.)

I/we, \_\_\_\_\_, and my/our child, \_\_\_\_\_, have viewed and understand the Youth Diving: Responsibility and Risks video or flip chart. We affirm we have been advised and thoroughly informed that diving is an adventure sport with inherent risks to the participant. These risks may include, but are not limited to, pressure related injuries affecting the lungs, sinuses and ears, drowning, panic and other serious injury or death. We also understand our responsibilities, as parent and participant (child), in participating in scuba activities and agree to accept those responsibilities.

As the parent/guardian of the minor child, I/we understand and agree it is solely my/our responsibility to evaluate whether my/our child should participate in scuba activities. Our decision is based upon our knowledge of the mental, physical and emotional abilities of our child, as well as his/her medical history. I/we understand and agree it is my/our responsibility to discuss with a physician any questions I/we have regarding my/our child's medical history and participation in this activity.

I/we understand and agree that it is my/our responsibility to continue to monitor the abilities and health of my/our child to determine whether he/she should continue in this program and continue to dive after the program.

I/we agree to abide by all supervisory and depth limitations that may accompany my/our child's PADI certification.

I/we understand that PADI certifies instructors/dive centers and provides materials for programs developed by PADI.

I/we understand that the dive center/resort and the instructor are responsible for the conduct and supervision of this activity

I/we understand my responsibilities and those of my child as set forth in the Youth Diving Responsibilities and Risk video or flip chart.

I/we have read this Acknowledgment, understand and agree to the terms and conditions, and understand and agree that this Acknowledgment is a binding contract between us, the dive professional, the dive facility and PADI.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
(Day/Month/Year)

\_\_\_\_\_  
Participant/Minor Name

\_\_\_\_\_  
Participant/Minor Signature

\_\_\_\_\_  
(Day/Month/Year)



# Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are some medical conditions which can be hazardous while diving. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving (breathhold diving). This form is principally designed as an initial medical screen for new divers, but is also appropriate for those considering any diving activity. For your safety, and that of others who may dive with you, answer all questions honestly.

## Directions

**Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.**

**If you answer NO** to all 10 questions below, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

**\* If you answer YES** to questions 3, 5 or 10 below **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Medical evaluation is required.

**Note to women:** If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box <b>A</b>	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box <b>B</b>	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), or I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses or teeth.	Yes <input type="checkbox"/> Go to box <b>C</b>	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, or I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease. I have a condition where sudden neurological compromise/impairment is possible.	Yes <input type="checkbox"/> Go to box <b>D</b>	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box <b>E</b>	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box <b>F</b>	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box <b>G</b>	No <input type="checkbox"/>
10	I am currently taking one or more prescription medications. (Note: this need not include birth control, menopausal hormone replacement, and antimalarial medication unless it is mefloquine [Lariam]).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

## Participant Signature

**Participant Statement:** I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

## Diver Medical | Participant Questionnaire Continued

<b>BOX A – I HAVE/HAVE HAD:</b>		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, or am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, or have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX B – I AM OVER 45 YEARS OF AGE AND:</b>		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, or have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX C – I HAVE/HAVE HAD:</b>		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Still healing / recovering from recent dental / oral procedure	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX D – I HAVE/HAVE HAD:</b>		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease, to include episodic and/or unpredictable loss, reduction, or change in neurological, cognitive, or motor function or performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX E – I HAVE/HAVE HAD:</b>		
Behavioral health, mental, or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX F – I HAVE/HAVE HAD:</b>		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, or gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
<b>BOX G – I HAVE HAD:</b>		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>