

課程報名表 Application Form

報讀課程名稱 : _____ 班號 : _____
Course Name : _____ Class : _____

個人資料 Student Profile

學生姓名
Name of Student _____
英文姓氏 Last name _____ 名字 First _____

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 _____

英文地址
Mailing Address _____

職員使用 For Office Use Only	
Member No.	MB
Date	/ / 2022
Invoice No.	INV
Payment Method	Visa / Master / EPS / COD / 銀聯 / 6 分期 / 轉帳 / 支付寶 / FPS / AE / Payme
Course Fee	HK\$
Manual	中文 / English <input type="checkbox"/> 未取 <input type="checkbox"/> 朋友代取
eLearning	中文 / English
eCode	
Logbook	中文 / English / DA <input type="checkbox"/> 未取 <input type="checkbox"/> 朋友代取
Lunch Fee	<input type="checkbox"/> 已付 \$ _____ <input type="checkbox"/> 未付
Coupon	<input type="checkbox"/> Promotion Coupon <input type="checkbox"/> \$200 coupon (No. _____)
Handle by	

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 or Guardian Name

與申請人關係
Relationship

聯絡電話號碼
Contact

是否已經接種新冠疫苗? Have you received a COVID-19 vaccine?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	已接種多少劑? <input type="checkbox"/> 1 劑 <input type="checkbox"/> 2 劑 <input type="checkbox"/> 3 劑 How much vaccine have you received? <input type="checkbox"/> 1st dose <input type="checkbox"/> 2nd dose <input type="checkbox"/> 3rd dose
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 / lbs

身高 Height : _____ m / ft

鞋號 Shoe size : _____ UK / 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			
	1	2	3	4	5& Exam	1	2	3	4	5	1	2	3	4
Date														
Time														
Remark														

補正本報名表 補潛水證 補簽署第: _____ 頁 補醫生紙

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、泳衣及泳褲予參加者，請參加者在泳池及出海時自行準備，學費不包括膳食。如當天出海人數不足 10 人本會將**不會**提供午膳，已收的款項亦會退回。
Diving Adventure (DA) will NOT provide any mask with correction lens, personal cleaning supplies and swimming suits / pants to the applicants. Lunch fee is EXCLUDED in course fee. Moreover, if the total number of people is less than 10 people on that day, lunch **WILL NOT** be provided & the lunch fee will be refunded.
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*\$300 起；泳池 *\$600 起；出海訓練：*\$700 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: *\$300 or above; Pool: *\$600 or above; Open Water Training: *\$700 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。而學員在訓練其間任何身體損傷，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 thread / 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)



非機構風險披露及認可協議書

歐盟地區國家及歐洲自由貿易聯盟成員國另有適用表格。

請仔細閱讀後，填寫下列所有空格，並在下方簽名。

本人瞭解並同意 PADI 會員（以下稱「會員」），包括 _____（店名 / 度假村）

以及／或與本活動相關之 PADI 個人教練和潛水長，已獲授權使用 PADI 多種商標及執行 PADI 的訓練課程，

但上述對象非 PADI Americas, Inc. 及其母公司、子公司或聯營公司（以下稱「PADI」）之代理機構、雇員或加盟商。本人亦瞭解會員的商業活動為獨立進行，不為 PADI 擁有或操作，雖然 PADI 潛水員訓練課程之標準由 PADI 所建立，但會員的商業活動營運、日常 PADI 課程的執行以及會員及其員工對潛水學員的督導，PADI 不負相關責任也無權控制。本人瞭解並代表本人、本人之繼承人與本人之財產同意若本人由於參加本活動而受傷或死亡，對於 _____（店名 / 度假村）以及／或與本活動相關之 PADI 個人教練和潛水長於事件發生時的作為、無為或疏忽，無論本人或本人之財產皆不得追溯 PADI 之相關責任。

責任免除暨風險承擔協議書

歐盟地區國家及歐洲自由貿易聯盟成員國另有適用表格。

請仔細閱讀後，填寫下列所有空格，並在下方簽名。

本人， _____（參加者姓名），
藉此申明本人知道浮潛和水肺潛水具有可能導致重大傷害、
甚至死亡的危險。

此外，本人瞭解使用壓縮空氣潛水可能導致若干固有之風險，
其中包括但不限於減壓病、空氣栓塞或是其他高壓傷害等需
要送入再壓艙治療的病症。本人亦瞭解，訓練和取得證書所
必要的開放水域之行程，可能會在時間或距離或二者皆遠離
上述再壓艙之地點進行。即使潛點附近可能缺乏再壓艙或醫
療設施，本人仍選擇參加此活動。

本人瞭解並同意包括本人的教練 _____、
辦理本活動之機構 _____（店名 / 度假村）、
PADI Americas, Inc. 及其聯營公司、子公司、雇員、主管、代理
人、加盟商或受讓人（以下統稱為「豁免方」）在由於本人參加
此活動或由於豁免方主動或被動之疏忽行為而使本人受傷、
死亡或遭受損失的情況下，皆無須對本人、本人家屬、財產、
繼承人或受讓人負任何法律責任。

為獲准參加本課程（和選修之探險潛水，以下總稱為「課程」），
本人願承擔與上述課程有關之所有風險，及本人在參加本課
程之活動時，包括但不限於學科活動、平靜水域活動或開放
水域活動，可能發生之所有風險，無論該類風險為可預見或
不可預見。

本人免除上述課程和豁免方，因本人報名參加本課程而被
本人、本人家人、繼承人或受讓人要求索賠和提起訴訟之責

任，包括在課程期間或本人取得證書後所發生之索賠責任。

本人並瞭解浮潛和水肺潛水是劇烈的體能活動，本人將在課
程中盡力，若本人因心臟病發、恐慌、過度換氣等受到傷害，
本人願明確承擔上述傷害之風險。同樣地，本人將不保留並
且放棄追訴上列個人或公司責任之權力。

此外，本人聲明本人已屆法定年齡並具有簽署本責任免除書
之法定資格，或是本人已取得本人父母或監護人之書面同意。
本人瞭解文中之條款具法律合約效力，而非僅為敘述性，本
人乃出於自由行動並在瞭解本人已放棄本人之合法權力的情
況下，簽署此文件，本人更瞭解，若本協議書中有任何條款被
發現為無法執行或不具效力，則本條款得分離於本協議書之
外。本協議書中的其餘條款將被視作該無法執行之條款從未
包含於本協議書中。

本人瞭解並同意本人不僅放棄起訴豁免方的權利，也放棄本
人之繼承人、受讓人、受益人若因本人死亡而起訴豁免方的
權利。本人亦聲明本人可代表本人之繼承人、受讓人、受益人
表示同意，因此上述對象將不得要求賠償。

本人 _____（參加者姓名） 藉
此文件以豁免和免除我的教練， _____，
提供本人教學的機構， _____，
以及 PADI Americas, Inc. 及上述所定義之相關實體，因任何
原因所造成之人身傷害、財物損失或不當身故之所有義務和
責任，包括但不限於豁免方主動或被動之疏忽行為。

在本人代表本人及本人繼承人簽署本文件之前，本人已閱讀過並被充分告知此非機構風險披露及認可協議書與責任免除暨風險承擔協議書之內容。

參加者簽名

日期(日/月/年)

家長／監護人簽名(如情況適用)

日期(日/月/年)



PADI

標準安全潛水實務瞭解聲明書

在簽名前，請仔細閱讀。

此聲明之目的在告知您浮潛和水肺潛水之既定安全潛水規範。這些規範的編輯乃是供您作檢查與確認之用，旨在提高您對潛水的安心與安全。您必須在此聲明書上簽名，以證明您瞭解這些安全潛水規範。在簽名之前，請先閱讀并討論此聲明書之內容。如果您尚未成年，同時也必須請您的家長或監護人在此聲明書上簽名。

本人 _____ (請以正楷填上姓名) _____，瞭解身為一位潛水員，我應該：

1. 維持適合潛水的良好心理與生理狀態。潛水時，避免受到酒精和危險藥物的作用影響。保持潛水技巧的熟練，在停滯潛水一段時間後，要透過進階教育以及在有控制的情況下複習潛水技巧的方式盡力提升技巧，并且參閱我的課程相關材料保持重要信息的更新和瞭解。
2. 熟悉我所要去的潛點。如果不熟悉，就要從備有相關知識的當地來源取得正式的潛點介紹。如果潛水狀況比我經歷的差，就延後潛水或是選擇另一處狀況較佳的備用潛點。只從事符合我的訓練和經驗範圍之內的潛水活動。不要從事洞穴潛水或技術潛水，除非受過專門的訓練。
3. 使用自己熟悉的完整、維修良好而可靠的裝備；在每次潛水前，要檢查裝備是否合身以及功能是否正常。在進行水肺潛水時，一定要穿戴浮力控制裝置，低壓控制充氣系統，氣體壓力錶和備用氣源以及潛水計劃/監視裝置（潛水電腦表，RDP/潛水計劃表 — 任何一種你已經被培訓過如何使用的）。拒絕讓不合格的潛水員使用我的裝備。
4. 仔細聽取潛水簡介和指示，并尊重督導潛水活動的人士所提出的建言。要知道在參加專長潛水活動、在其他地區潛水，以及6個月以上沒有潛水再回來潛水等情況，都需要作額外的訓練。
5. 每一次潛水全程都要嚴守潛伴制度。計劃潛水 — 包括失散時如何重聚的聯絡程序以及緊急程序 — 和潛伴之間。
6. 精通制定潛水計劃（使用潛水電腦表或潛水計劃表）。所作的潛水都要是免減壓潛水，并且預留安全餘地。具備在水底監測深度和時間的意識。最大潛水深度不超過我的訓練和經驗等級和範圍。上升速度不得超過每分鐘 18 公尺／60 英尺。做一位安全（SAFE）的潛水員 — 每次潛水都要緩慢上升（**Slowly Ascend From Every dive**）。安全停留是另一個預防措施，通常在 5 公尺／15 英尺處停留 3 分鐘或以上。
7. 維持適當的浮力控制。在水面將配重調整成中性浮力，這時的浮力控制裝置內沒有空氣。在水底時要維持中性浮力。水面游泳和休息時要能浮起。將配重周邊的障礙清除，以便拆卸容易以及在潛水遭遇危難時可以建立浮力。佩戴至少一個水面信號裝置（比如信號棒，哨子，鏡子）。
8. 潛水時要正確呼吸。在使用壓縮空氣呼吸時，絕對不要憋住呼吸或是跳躍式的呼吸，在憋氣潛水時（浮潛）要避免過分過度換氣。在水中和水底時避免過度疲累，并且要在自己的極限內潛水。
9. 只要可行時，都要使用船隻、浮具、或是其他水面支撐台。
10. 知道并遵守當地潛水法律和規定，包括對於漁獵和潛水旗的法律規定。

本人瞭解這些既定規範之重要性與目的。我明白這是為我的安全與健康著想，也明白潛水時如沒有遵守這些規範，可能導致自身的危險。

參加者簽名

日期(日/月/年)

家長/監護人簽名(如適用)

日期(日/月/年)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. 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. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. 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.

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 A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box 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.	Yes <input type="checkbox"/> Go to box C	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.	Yes <input type="checkbox"/> Go to box D	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 E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

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

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)

* **If you answered YES** to questions 3, 5 or 10 above **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. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
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"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
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"/>
BOX C – I HAVE/HAVE HAD:		
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"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	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"/>
BOX E – I HAVE/HAVE HAD:		
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"/>
BOX F – I HAVE/HAVE HAD:		
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"/>
BOX G – I HAVE HAD:		
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"/>