

Jamaica Sub-Aqua Club

Medical Statement (Confidential Information)

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Important Note: No person shall be permitted to dive with the Jamaica Sub-Aqua Club unless he/she has completed a valid Medical Statement and has undertaken (if required) a Medical Examination confirming fitness to dive. Any fee in respect of any Medical Examination undertaken shall be the responsibility of the person being examined.

Please read carefully before signing:

This is a statement in which you are informed of some potential risks involved in scuba diving and the conduct required of you if you wish to undertake diving-related activities of the Jamaica Sub-Aqua Club. Read and discuss this statement before signing it. You must complete this Medical Statement, which includes the medical-history section before any participation in diving-related Club activities. If you are a Minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is quite a safe pastime. When established safety procedures are not followed, however, there are dangers.

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 physician before participating in any diving activities. You will also need to remain aware of the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury or death. If you have any additional questions regarding this Medical Statement or the Medical History section, please review them with the Diving Officer or Secretary of the Club.

Medical History

To the Participant:

The purpose of the Diver Medical Health Questionnaire below is to find out if you should be examined by your physician before participating in diving-related activities with the Jamaica Sub-Aqua Club. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must therefore seek the advice of your physician.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If you answer **YES** to any question, JSAC will request that you consult with your physician and undertake a Medical Examination prior to participating in scuba diving unless you have already completed a successful Medical Examination within the period prescribed below. If you are required to conduct a Medical Examination, you should provide to your physician with a copy of "Guidelines for Recreational Scuba Diver's Physical Examination" (copies of which are available from the Secretary of the Club).

Validity of Medical Statement

Please note that this Statement shall be valid only for the calendar year in which it is signed by you. You should note however that if any changes in health take place during that calendar year which may affect your fitness to dive, you should declare this to either the Diving Officer or the Secretary of the Club.

Validity of Medical Examination

In the event that you answer **YES** to any questions on a Medical Statement relating to a particular calendar year, you shall also be required to have undertaken a Medical Examination which remains valid for that particular calendar year.

For this purpose, a successfully completed Medical Examination shall normally be deemed to be valid from that date of the Examination to the second anniversary of the end of the year in which the examination is undertaken e.g. if you undertake a medical examination at any time in the calendar year 2003, it shall normally be deemed to be valid for 2004 and 2005. If however your physician indicates that the validity should be for a lesser period (ending on 31st December), that lesser period shall apply.

JSAC - DIVER MEDICAL HEALTH QUESTIONNAIRE

Have you ever had or do you currently have....	YES /NO	Have you ever had or do you currently have.....	YES/ NO
Any form of lung disease?			
Asthma, or wheezing with breathing or wheezing with exercise?		History of diving accidents/incidents or decompression sickness/other diving injury?	
Frequent or severe attacks of hayfever or allergy?		History of back, arm or leg problems following surgery, injury or fracture?	
Frequent colds, sinusitis or bronchitis?		Inability to perform moderate exercise (example: walk one mile in 12 minutes)	
History of chest surgery, chest pains, or palpitations?		History of high blood pressure or take medicine to control pressure?	
Pneumothorax (collapsed lung)?		History of any heart disease?	
Any form of chest/lung disease?		History of any heart attacks?	
Claustrophobia or agoraphobia (fear of closed or open spaces)?		Angina or heart surgery or blood vessel surgery?	
Behavioural health problems?		History of ear or sinus surgery?	
Epilepsy, seizures, convulsions or take medications to prevent them?		History of ear disease, hearing loss or problems with balance?	
History of blackouts or fainting (full/partial loss of consciousness), or dizziness?		History of problems equalising (popping) ears with airplane or mountain travel?	
Recurring migraine headaches or take medications to prevent them?		History of bleeding or other blood disorders?	
History of motion sickness?		History of any type of hernia?	
History of diabetes?		History of ulcers or ulcer surgery?	
History of recurrent back problems?		History of ileostomy or colostomy?	
History of back surgery?		History of panic attacks?	
History of any disease of the brain or nervous system?		History of drug or alcohol abuse in the past five years?	
Other Questions:			
Could you be pregnant or are you attempting to become pregnant?			
Do you regularly take prescription medications (other than birth-control)?			
Are you currently receiving medical care or have you consulted your physician in the last year other than for minor illnesses, infection or injury?			
Have you ever been refused a diving medical certificate or life assurance?			

The information I have provided about my medical history is accurate to the best of my knowledge

PARTICIPANTS SIGNATURE

DATE (DAY/MONTH/YEAR)

SIGNATURE OF PARENT OR GUARDIAN (WHERE APPLICABLE)

DATE (DAY/MONTH/YEAR)

For Club Use Only:

Medical Exam Required: Yes / No

Diving Officer's Initials:

IF A MEDICAL EXAMINATION IS REQUIRED, THE FOLLOWING SHOULD ALSO BE COMPLETED:

PARTICIPANT INFORMATION:

First Name: _____ **Surname:** _____

Sex: M / F **Age:** _____ **Date of Birth:** _____
(DD-MMMM-YYYY)

Address (H): _____

Home Tel: _____ **Business:** _____ **Fax:** _____

NAME AND ADDRESS OF YOUR PHYSICIAN:

Physician: _____ **Hospital/Clinic:** _____

Date of Previous Medical Examination: _____
[DATE/MONTH/YEAR]

Name of Examiner: _____ **Hospital/Clinic:** _____

Address: _____

Tel: _____ **Cellular:** _____ **Fax:** _____

ASSESSMENT OF PHYSICIAN:

The above person wishes to participate in scuba (self-contained underwater breathing apparatus) diving with the Jamaica Sub-Aqua Club (JSAC). Your opinion of the above person's medical fitness for scuba diving is requested. Please review and refer to 'Guidelines for Recreational Scuba Diver's Physical Examination' as you deem appropriate.

Physician's Impression:

- I find no medical conditions that I consider incompatible with scuba diving
- I am unable to recommend this individual to partake in scuba diving

_____ M.D. _____
PHYSICIAN'S SIGNATURE DATE (DAY/MONTH/YEAR)

Physician: _____ **Hospital/Clinic:** _____

Address: _____

Tel: _____ **Cellular:** _____ **Fax:** _____

Note for Physician:

A successfully completed Medical Examination shall normally be deemed to be valid by JSAC from that date of the Examination to the 2nd anniversary of the end of the year in which the examination is undertaken. If you recommend that the validity of the above Examination to expire sooner, please insert the relevant expiry date (to 31st December if possible) here: _____

PLEASE
AFFIX
HOSPITAL/
CLINIC
STAMP
HERE