NAME: _____

EMAIL:_____

PHONE:_____

BIRTHDAY (D/M/Y):_____

MAILING ADDRESS:

_____

EMERGENCY CONTACT NAME: _____

EC PHONE: _____

EC RELATIONSHIP: _____

EC ADDRESS: _____

REFERRAL OR FULL:_____

IF REFERRAL, DESTINATION:_____

T-SHIRT SIZE:_____

WHERE DO YOU WANT TO
DIVE:_____

FAVORITE MARINE ANIMAL:_____

STUDENT PACKET CHECKLIST

To be filled out by and initialed by Central Oregon Diving Staff & Student

Student Name: _____ Student COD Guard

	Init.	Init.	Init.
Student Record File folder: complete personal information and sign paperwork			
Complete all knowledge reviews and final on eLearning 1 week prior to start of academic night			
Read and sign photo, email and phone release. Students under 18 must have a parent/guardian sign.			
Read and sign Learning Agreement. Students under 18 must have a parent/guardian sign.			
Read and sign schedule for classroom, confined water and open water. Students under 18 must have a parent/guardian sign			
Medical Questionnaire filled out • If required, a MD, DO, FNP must sign and stamp page 3 of the document or a PA can sign with the name of the physician's office or medical group/clinic stamp. • **Form must be returned 1 week prior to start of class**			
10 and 11-year-old student divers (age at day of sign up) must complete with a parent or guardian: • YOUTH DIVING: Responsibility & Risk Acknowledgement Form • Review the Youth Diving Responsibility and Risks Flipchart			
Students provide parking pass for their vehicles at the lake if applicable			
Purchase of Personal Gear (Scuba Mask, Snorkel, Scuba Fins and Boots) at least 1 week prior to academic night			
Create PADI account and upload photo			

Learning Agreement with Central Oregon Diving, LLC

PLEASE READ CAREFULLY BEFORE SIGNING

Welcome to the PADI Open Water Diver Course! Diver training courses are meant to be fun, but like any form of learning, you will need to invest some time and effort in reading and studying. This learning agreement is between you (the Student), Central Oregon Diving, LLC and the instructional staff regarding our mutual responsibilities in this program.

CENTRAL OREGON DIVING RESPONSIBILITIES:

- Central Oregon Diving, LLC and the instructional staff agree to safely guide you through to completion of the PADI (Professional Association of Diving Instructors) dive training course. The training will be conducted according to the teaching and safety standards of PADI. The student will be offered the opportunity to complete and demonstrate the mastery of all of the skills and knowledge required for the certification. We will do everything we can to help you become safe and confident divers!

STUDENT RESPONSIBILITIES:

- The student agrees to follow the instruction and directions of the instructor and staff (this is for the student's safety). _____
- The student agrees to study independently as specified by professional staff. The student must read and complete the eLearning coursework a **minimum of 1 week before the start of class**. If it is not completed by then they will be removed from the class and their $350 deposit will be forfeited. Student must bring in a printed copy of the completion records. _____
- Students must have their completed medical form turned in a **minimum of 1 week before the start of class.** _____
- If student is removed from a class for not completing the eLearning, student will not be placed into another class until the academics are completed and a new deposit is paid. _____
- If student is requesting a private class, all academics must be completed before being scheduled for academic, pool and open water sessions. Private classes are at the availability of instructors and students. _____
- The student must pass all written tests and quizzes with a score of 75% or higher. The tests and quizzes may be re-taken until mastery is demonstrated. _____
- The student agrees to be on time for all training sessions. _____

- The student understands that the course is presented in a sequence and the student will not be allowed to participate in the next section of class if a prior section of class is missed. _____
- Students who are unable or unwilling to participate in the scheduled class will not receive a refund for any portion of the class. _____
- If a student is injured or deemed unable to participate by a doctor once a class has started, a refund will be issued for the for the difference of class and a referral will be issued. Students may restart in another class pending space is available and physicians' approval on a new medical form for a fee of $350. _____
- The student must demonstrate mastery of all the skills required for PADI certification. Mastery is defined as performing skills smoothly, calmly, without confusion or stress in a repeatable manner. These skills must be demonstrated to the certifying instructor. _____
- **The student must be able to swim 200 yards and tread/float at the surface for 10 minutes without aids.** _____
- The student must pay all fees and return all rental equipment on final day of the class in acceptable condition before certification will be given. _____
- If a student chooses to change a class after being placed in a class because of a conflict 2 weeks prior to start date, then they may pay, a one time fee of $150 to switch to a class as space is available. If student cancels within 2 weeks of start date of class their $350 deposit is forfeited. _____
- Personal Gear (scuba mask, snorkel, scuba fins and boots,) must be purchased, **one week prior to Orientation night**. _____
- Open Water Students will receive a 10% discount for all gear purchased up to 30 days after completion of open water course with us. This excludes regulators, BCDs, dive computer, drysuit and tanks. ____

You signature below indicates agreement with all responsibilities listed in this contract.

Print Name: _____
Signature:_____
Date:_____

If student is a minor (under 18 year of age) a parent or legal guardian must sign.

Print Name:_____
Signature:_____
Date:_____

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STUDENT RESPONSIBILITIES:

- The student agrees to follow the instruction and directions of the instructor and staff (this is for the student's safety). _____
- The student agrees to study independently as specified by professional staff. The student must read and complete the eLearning coursework a **minimum of 1 week before the start of class**. If it is not completed by then they will be removed from the class and their $350 deposit will be forfeited. Student must bring in a printed copy of the completion records. _____
- Students must have their completed medical form turned in a **minimum of 1 week before the start of class.** _____
- If student is removed from a class for not completing the eLearning, student will not be placed into another class until the academics are completed and a new deposit is paid. _____
- If student is requesting a private class, all academics must be completed before being scheduled for academic, pool and open water sessions. Private classes are at the availability of instructors and students. _____
- The student must pass all written tests and quizzes with a score of 75% or higher. The tests and quizzes may be re-taken until mastery is demonstrated. _____
- The student agrees to be on time for all training sessions. _____

- The student understands that the course is presented in a sequence and the student will not be allowed to participate in the next section of class if a prior section of class is missed. _____
- Students who are unable or unwilling to participate in the scheduled class will not receive a refund for any portion of the class. _____
- If a student is injured or deemed unable to participate by a doctor once a class has started, a refund will be issued for the for the difference of class and a referral will be issued. Students may restart in another class pending space is available and physicians' approval on a new medical form for a fee of $350. _____
- The student must demonstrate mastery of all the skills required for PADI certification. Mastery is defined as performing skills smoothly, calmly, without confusion or stress in a repeatable manner. These skills must be demonstrated to the certifying instructor. _____
- **The student must be able to swim 200 yards and tread/float at the surface for 10 minutes without aids.** _____
- The student must pay all fees and return all rental equipment on final day of the class in acceptable condition before certification will be given. _____
- If a student chooses to change a class after being placed in a class because of a conflict 2 weeks prior to start date, then they may pay, a one time fee of $150 to switch to a class as space is available. If student cancels within 2 weeks of start date of class their $350 deposit is forfeited. _____
- Personal Gear (scuba mask, snorkel, scuba fins and boots,) must be purchased, **one week prior to Orientation night**. _____
- Open Water Students will receive a 10% discount for all gear purchased up to 30 days after completion of open water course with us. This excludes regulators, BCDs, dive computer, drysuit and tanks. ____

You signature below indicates agreement with all responsibilities listed in this contract.

Print Name: _____
Signature:_____
Date:_____

If student is a minor (under 18 year of age) a parent or legal guardian must sign.

Print Name:_____
Signature:_____
Date:_____

CENTRAL OREGON DIVING PHOTO, EMAIL AND PHONE NUMBER RELEASE

DATE: _____ LOCATION:_____BEND_____

NAME:_____

ADDRESS:_____

CITY:_____

STATE/PROVINCE:_____COUNTRY:_____ZIPCODE:_____

EMAIL:_____TELEPHONE:_____

I acknowledge that photos taken during any course or events by Central Oregon Diving or Staff of Central Oregon diving may include me. I hereby grant the right and permission to copyright and/or use and/or publish, broadcast and rebroadcast, and/or distribute and redistribute photos and/or videos, in whole or in part, of me made on or about the date above, to the photographers, videographers, or their companies, as appropriate, for use in articles, advertising, Facebook photo-tagging, or for any other purpose in printed, electronic or any other media including, but not limited to, Facebook, Instagram, TikTok, magazines, books, newsletters, websites, CD-ROMS, DVDs, tapes and other forms of still and/or motion media, including media that may not exist currently, but that is developed in the future. Such use may be worldwide. I further grant such individual or company the right to transfer and/or assign this right and permission, permanently or temporarily, to any person, agent, entity or company in connection with said purposes. I acknowledge that the photograph(s)/video(s) may be altered, enhanced or edited through photographic or computer methods.

I hereby release and discharge said individual or company and their assigns, agents and/or all persons acting under their permission and authority or those for whom they may be acting, from and against any liability as a result of this agreement, including but not limited to liability caused by any distortion, blurring, alteration or optical illusion that may occur in the taking of the photographs/video or in processing, reproduction or editing of the finished photograph(s)/video(s). I hereby release and discharge said individual or company and their assigns, and all persons acting under their permission and authority or those for whom they may be acting, from and against any liability that results from the use of the photograph(s)/video(s) and assume any such risks myself. I waive any right to inspect said photograph(s)/video(s) in its/their original, enhanced, or edited form prior to publication, duplication, broadcast or other use in any form of media.

I understand that no payment will be paid to me now or in the future.

Central Oregon Diving
157 NE Greenwood Ave, Bend, OR 97701
www.centraloregondiving.com 541-388-3660

I agree that copyright ownership of any photos, video, or other media resulting from this agreement shall be owned by the individual or company, as appropriate, taking the picture, video, or media.

I hereby warrant that I am of full age and competent to contract in my own name in so far as the contents of this release are concerned; or, if the person is under age 18, that I am the parent or legal guardian of said minor and I have the legal right to sign this agreement on the minor's behalf. I have read the above and I fully understand its contents.

Signature:_____ Date:_____

If person is under the age of 18 years, a parent or legal guardian's signature is required:

Age:_____

Parent/Legal Guardian's Signature:_____Date:_____

Printed Name of Parent/Legal Guardian:_____

Parent/Legal Guardian's Email:_____

Permission to Share your Email Address (optional)

- ☐ **YES**
- ☐ **NO**

By selecting yes, your email address will be included in a group email after the classes or event so that you can network with your fellow divers. Please also sign, date and include the email address you'd like to share below.

Signature:_____Date:_____

Email Address:_____

Permission to Share your Phone Number (optional)

- ☐ **YES**
- ☐ **NO**

By selecting yes, you are giving permission to share your phone number as pertains to classes with other students and staff during the duration of my course(s). Please also sign, date and include the phone number you would like to share below.

Signature:_____Date:_____

Phone Number:_____

Classroom Checklist:
Date & Time: _____

- Snacks and Something to drink
- Completion paperwork for eLearning, print record
- Medical release, if needed, 1 week prior to start of class
- No cell phones are allowed in the classroom during academic night
- Log book (not required but encouraged)

Confined Water Checklist: (Student provides own transportation)
Date(s): _____

- Provide own transportation to the pool
- Lunch, snacks and water
- Swimsuit under clothes (required)
- Towel
- In mesh bag academic night: BCD, Regulator, Wetsuit and Practice Slate. Separate Weight Belt or Weights (not to be placed inside of mesh beg). Add personal gear of Mask, Snorkel, Fins and Boots.

Open Water Checklist: (Student provides own transportation)
Dates: _____

- Provide own transportation to the lake
- Lunch, snacks and water
- Swimsuit under clothes (required)
- Towel
- Change of clothes for end of the day
- In mesh bag: BCD, Regulator, Wetsuit, Hood, Gloves and Surface Signal Tube. Separate Weight Belt or Weights (not to be placed inside of mesh beg). Add personal gear of Mask, Snorkel, Fins and Boots
- Biodegradable Sunscreen
- Directions to lake and set up site
- Money for parking (variable per day or Season Pass)

Student Signature:_____ Date:_____
Parent/Guardian Signature:_____ Date:_____

Create and Upload Photo:

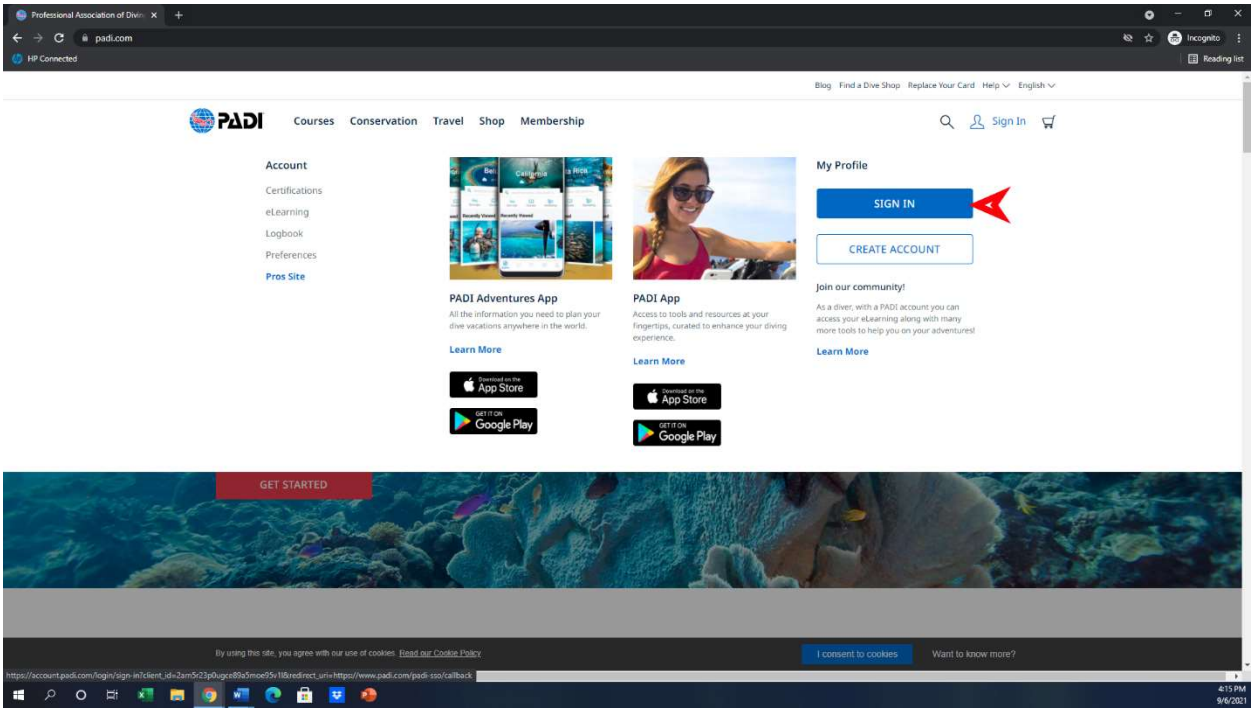
iPhone/Android:

1) Take a selfie or have someone take a photo. Photo must be shoulder and above with no hats or sunglasses on.

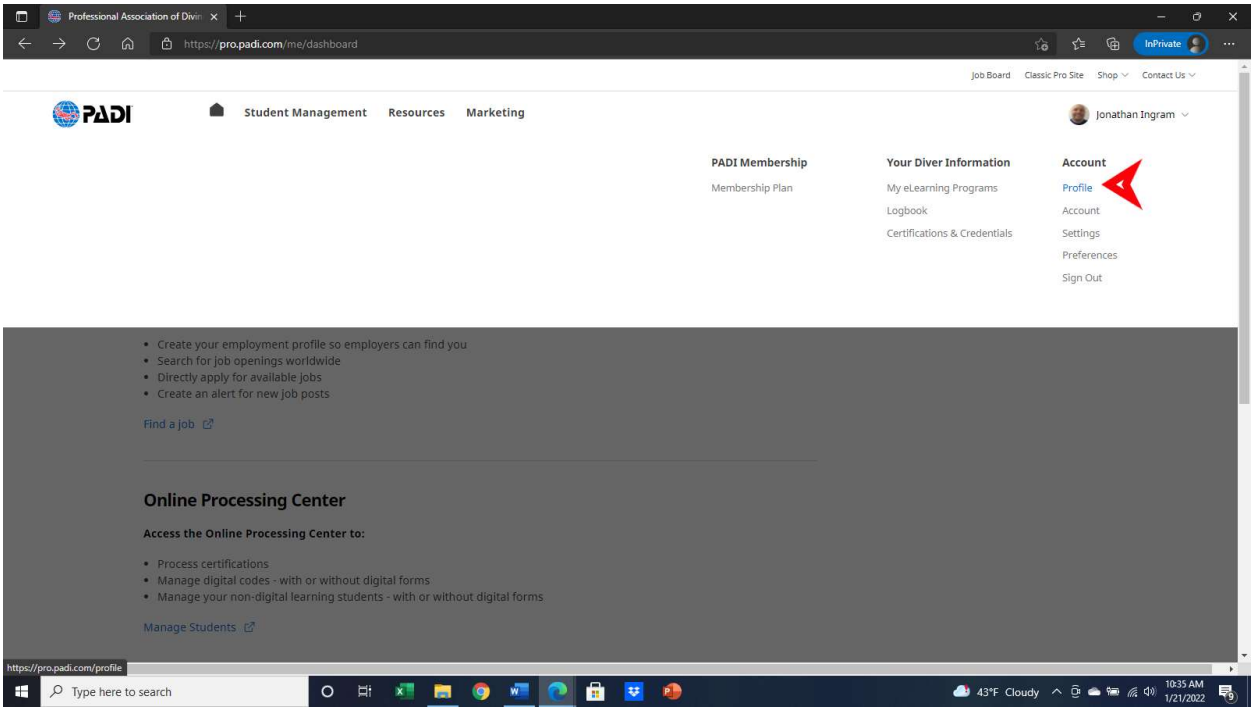
2) Open your e-mail and select to attach the photo. It should ask what size you would like to attach the image. Choose the smallest picture and finish sending it to yourself.

3) Go to your computer and open the e-mail and download your resized picture to your computer. Make sure you know where you saved it to.

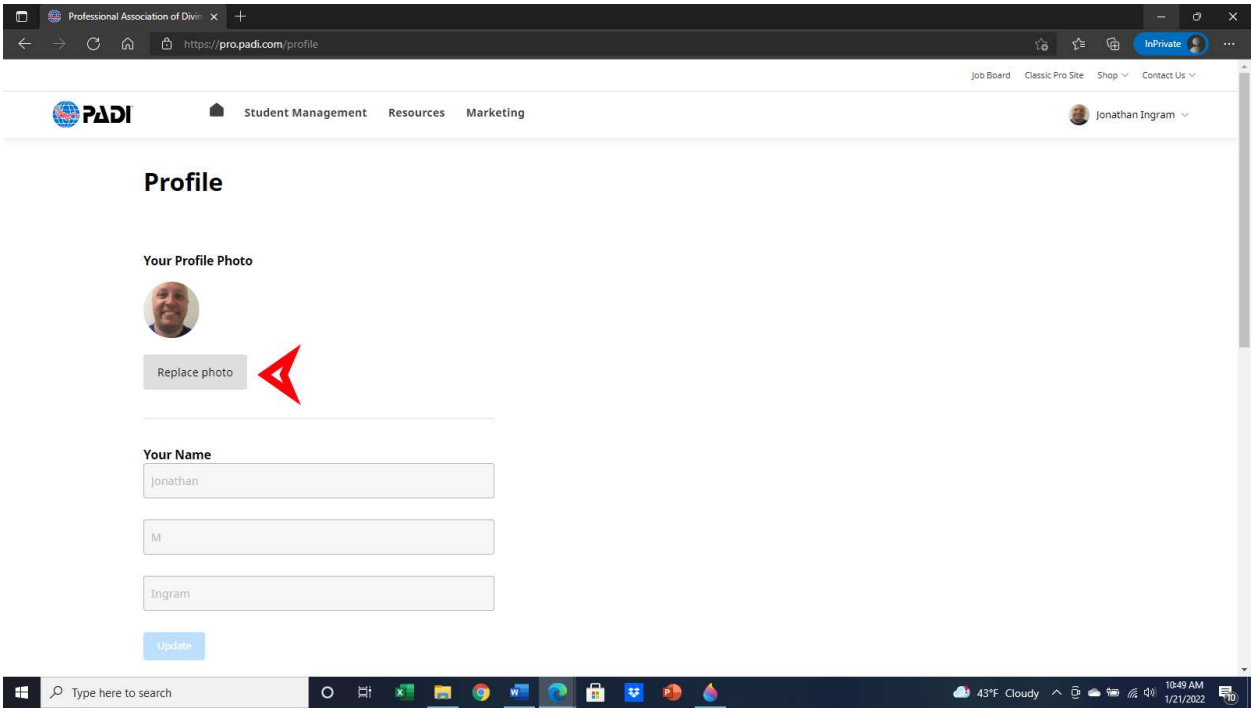
4) Log into PADI account



5) Go to “My Profile” and click on it.



6) Then proceed to click on the upload button to upload the photo from your computer.


Professional Association of Divin
https://pro.padi.com/profile
InPrivate
Job Board
Classic Pro Site
Shop
Contact Us
PADI
Student Management
Resources
Marketing
Jonathan Ingram
Profile
Your Profile Photo
Replace photo
Your Name
Jonathan
M
Ingram
Update
Type here to search
43°F Cloudy
10:49 AM
1/21/2022

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 Central Oregon Diving, LLC 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 Central Oregon Diving, LLC 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, _____ , 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), staff of _____, the facility through which I receive my instruction, Central Oregon Diving, LLC _____, 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 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, _____, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, Staff of _____, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, Central Oregon Diving, LLC _____, 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.

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

_____ Participant's Signature

_____ Date (Day / Month / Year)

_____ Signature of Parent or Guardian (where applicable)

_____ Date (Day / Month / Year)

© PADI 2016

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 – **S**lowly **A**scend **F**rom **E**very 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)

© PADI 2015

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 ☐ Go to box **A**	No ☐
2	I am over 45 years of age.	Yes ☐ Go to box **B**	No ☐
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 ☐*	No ☐
4	I have had problems with my eyes, ears, or nasal passages/sinuses or teeth.	Yes ☐ Go to box **C**	No ☐
5	I have had surgery within the last 12 months, or I have ongoing problems related to past surgery.	Yes ☐*	No ☐
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 ☐ Go to box **D**	No ☐
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 ☐ Go to box **E**	No ☐
8	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go to box **F**	No ☐
9	I have had stomach or intestine problems, including recent diarrhea.	Yes ☐ Go to box **G**	No ☐
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 ☐*	No ☐

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)

© 2026

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

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 ☐*	No ☐
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes ☐*	No ☐
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 ☐*	No ☐
Recurrent bronchitis and currently coughing within the past 12 months, or have been diagnosed with emphysema.	Yes ☐*	No ☐
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes ☐*	No ☐

BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes ☐*	No ☐
I have a high cholesterol level.	Yes ☐*	No ☐
I have high blood pressure.	Yes ☐*	No ☐
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 ☐*	No ☐

BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes ☐*	No ☐
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes ☐*	No ☐
Recurrent sinusitis within the past 12 months.	Yes ☐*	No ☐
Eye surgery within the past 3 months.	Yes ☐*	No ☐
Still healing / recovering from recent dental / oral procedure	Yes ☐*	No ☐

BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes ☐*	No ☐
Persistent neurologic injury or disease, to include episodic and/or unpredictable loss, reduction, or change in neurological, cognitive, or motor function or performance.	Yes ☐*	No ☐
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes ☐*	No ☐
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes ☐*	No ☐
Epilepsy, seizures, or convulsions, or take medications to prevent them.	Yes ☐*	No ☐

BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental, or psychological problems requiring medical/psychiatric treatment.	Yes ☐*	No ☐
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes ☐*	No ☐
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes ☐*	No ☐
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes ☐*	No ☐

BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes ☐*	No ☐
Back or spinal surgery within the last 12 months.	Yes ☐*	No ☐
Diabetes, either drug or diet controlled, or gestational diabetes within the last 12 months.	Yes ☐*	No ☐
An uncorrected hernia that limits my physical abilities.	Yes ☐*	No ☐
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes ☐*	No ☐

BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes ☐*	No ☐
Dehydration requiring medical intervention within the last 7 days.	Yes ☐*	No ☐
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes ☐*	No ☐
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes ☐*	No ☐
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes ☐*	No ☐
Bariatric surgery within the last 12 months.	Yes ☐*	No ☐

*Physician's medical evaluation required (see page 1).

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Diver Medical | Medical Examiner's Evaluation Form

Participant Name **Birthdate**

(Print) Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

(Note that the presence of any additional commentary on this form could invalidate it for some agencies or organizations.)

☐ Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

☐ Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone **Email**

Physician/Clinic Stamp (optional)

Created by the Diver Medical Screen Committee in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego

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