

# MEDICAL QUESTIONNAIRE

The purpose of this Medical Questionnaire is to determine if you should be examined by your doctor before participating in freediving activities. A positive (i.e. **“YES”**) response to a question does not necessarily disqualify you from freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving, and you **MUST** seek the advice of a physician prior to engaging in freediving activities.

The physician must sign at the bottom of the form to say that they find no medical conditions incompatible with freediving if any **“YES”** box is ticked.

Please answer the following questions about your past and present medical history by ticking the box marked **YES** or **NO**. If you are not sure, answer **YES**.

Do you currently or have you previously suffered from these medical conditions?

MEDICAL HISTORY	YES	NO
<b>Neurological Conditions:</b> Especially any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels.		
<b>Cardiovascular Conditions:</b> Especially heart attack, heart surgery, irregular heartbeat, uncontrolled elevated blood pressure.		
<b>Pulmonary Conditions:</b> Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe		
<b>Ear Conditions:</b> Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery.		
<b>Sinus Conditions:</b> Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection.		
<b>Asthma:</b> History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing.		
<b>Diabetes Mellitus:</b> Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease.		
<b>Pregnancy:</b> If you are currently pregnant.		
<b>Freediving / Scuba Diving Conditions:</b> Suffered a barotrauma in the past 4 weeks.		
<b>Medication:</b> Any medication taken on a regular basis, either over-the-counter or prescribed by a physician.		
<b>General Medical Problems:</b> Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress.		
<b>Covid-19:</b> Currently suffer from symptoms generally associated with a Covid-19 infection or had a positive test for Covid-19 in the last two weeks.		
<b>Covid-19:</b> Been hospitalized or received significant medical treatment because of a Covid-19 infection.		

I, ..... (name) certify that I have answered the above questions accurately and honestly. I also declare that I will freedive **within the levels of my experience, competence and training with a competent buddy at all times.**

.....  
SIGNATURE DATE OF SIGNING

PHYSICIAN TO COMPLETE (If any 'YES' box was ticked in the Medical Questionnaire)

- ( ) Approved: I find no medical conditions that I consider incompatible with freediving
- ( ) Not approved: I am unable to recommend this individual for freediving

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PHYSICIAN SIGNATURE

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NAME DATE

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PHYSICIAN STAMP OR CONTACT DETAILS