UK SPORT DIVER MEDICAL FORM

Any fee in respect of the medical examination is the responsibility of the person being examined.

Diving training must not be undertaken until the candidate has completed a Medical Declaration or had a Medical Examination confirming fitness to dive.









www.uksdmc.co.uk

NOTES TO DIVER

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely providing they are reasonably fit. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed overleaf).

Please read carefully before completing this Self –Declaration Form

Divers answering "No" to all questions below should complete this declaration, deleting answer b), hand the original copy to your DO and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering "Yes" to any question below or are unsure on any area should delete answer a) and sign. They then must seek advice from a

- From a telephone call enquiry, the Referee may only need to endorse this form on your behalf. You will need to send the form to the Referee with a written confirmation of your statements to the Referee, the fee of £10.00 and a stamped self-addressed envelope for endorsement by them and return to you. Hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for
- The Medical Referee may require a statement from your GP and/or to see you for examination (when a fee may be payable) and if you are found fit to dive, they will give you a completed Certificate of Fitness to Dive with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

Diver Medical Health Questionnaire

- Have you suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and
- 2 Have you at any time had chest or heart surgery?
- 3 Have you suffered from or had to take medication for asthma?
- Have you ever had collapsed lung or pneumothorax?
- Have you ever had any other chest or lung disease?
- Have you suffered at any time from blackouts, fainting or recurrent dizziness?
- 7 Have you had regular ear problems in the past ten years?
- 8. Do you have an ileostomy, colostomy or ever had repair of a hiatus
- 9. Have you ever had epilepsy or fits?

- Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?
- 12 Have you ever had any back or spinal surgery?
- Have you any history of mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?
- 14 Have you any history of alcohol or drug abuse in the past five years?
- 15. Do you have diabetes?
- Are you currently taking any prescribed medication (except the contraceptive pill)?
- 17. Are you currently receiving medical care or have you consulted the doctor in the last year other than for trivial infection or minor injury?
- Have you ever been refused a diving medical certificate or life insurance or been offered special terms?

10. Have you had recurrent migraines?	19. Have you ever had, or been treated for, decompression illness?
Name	TelephoneE-mail.
Address	Occupation
	Dive OrganisationBranch
Postcode	Date of birth Membership No
declare that I have not omitted any information which might b	s "No" and that to the best of my knowledge, I am in good general health and
Signed(Signature of Parent or Guardian if under the age of 18)	Date
For completion by Medical Referee if required by applicant Please delete where applicable	

- In light of verbal statements made to me I hereby endorse this self-declaration form on behalf of the applicant
- Unless there is a change in the applicant's medical condition, they need not submit their self declaration form to a medical referee b) years. (Applicant should save a photocopy of this form for future years.)
- Having examined the applicant, I have issued a Certificate of Fitness to Dive

Signature of Medical Referee	. Date
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Certificate of Fitness to Dive issued/not issued Dated Expiry Date

VALIDITY & STORAGE

U K Sport Diving Medical Committee REFEREES

(s) = Surgery or Hospital telephone number (m) = Mobile (h) = Home Telephone number. Where not specified, numbers are believed to be Surgery. Details given were correct at the time of printing but may be subject to change. If unable to contact, please advise your diving association HQ.

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