

## MEDICAL HISTORY INFORMATION FORM

**MEDICAL HISTORY STATEMENT:** I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lung, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving. Write Y (yes) or N (no) next to all of the following, and explain under remarks, any yes answers.

|  |   |   |
|--|---|---|
| <input type="checkbox"/> Behavioral health problems<br><input type="checkbox"/> Claustrophobia<br><input type="checkbox"/> Agoraphobia<br><input type="checkbox"/> Migraine Headaches<br><input type="checkbox"/> Epilepsy<br><input type="checkbox"/> Ear or hearing problem<br><input type="checkbox"/> Trouble equalizing pressure<br><input type="checkbox"/> Sinus trouble<br><input type="checkbox"/> Severe hay fever<br><input type="checkbox"/> Heart trouble<br><input type="checkbox"/> High blood pressure<br><input type="checkbox"/> Angina<br><input type="checkbox"/> Heart surgery<br><input type="checkbox"/> Asthma | <input type="checkbox"/> Bronchitis<br><input type="checkbox"/> Tuberculosis<br><input type="checkbox"/> Respiratory problems<br><input type="checkbox"/> Back problems<br><input type="checkbox"/> Back/spinal surgery<br><input type="checkbox"/> Diabetes<br><input type="checkbox"/> Ulcers<br><input type="checkbox"/> Colostomy<br><input type="checkbox"/> Hernia<br><input type="checkbox"/> Dizziness or fainting<br><input type="checkbox"/> Recent surgery<br><input type="checkbox"/> Hospitalized<br><input type="checkbox"/> Pregnant<br><input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Glasses or contact lenses<br><input type="checkbox"/> Dental plates<br><input type="checkbox"/> Physical disability<br><input type="checkbox"/> Serious injury<br><input type="checkbox"/> Over 40 years old<br><input type="checkbox"/> Hepatitis<br><input type="checkbox"/> HIV positive<br><input type="checkbox"/> Regular medication<br><input type="checkbox"/> Drug allergies<br><input type="checkbox"/> Alcohol or drug abuse<br><input type="checkbox"/> Rejected from any activity for medical reasons<br><input type="checkbox"/> Any medical condition not listed: |
|--|---|---|

Remarks: \_\_\_\_\_

List all medications you are presently taking: \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_ Date: \_\_\_\_\_

I am a minor and my parent or guardian has signed below.

**SIGNATURE OF PARENT OR GUARDIAN:** \_\_\_\_\_ Date \_\_\_\_\_

*If at any time during your dive training your medical condition changes notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.*

### MEDICAL HISTORY REAFFIRMATION

**I certify that the above information is still correct to the best of my knowledge.**

Signature Of Participant \_\_\_\_\_ Date \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

Signature Of Parent Or Guardian If Participant Is A Minor, and by their signature they, on my behalf release all claims that both they and I have.

Date \_\_\_\_\_

*(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)*

## Student Training and Progress Record

| Course Name          | Date completed | Instructor Name | NAUI # |
|----------------------|----------------|-----------------|--------|
| Skin Diver           |                |                 |        |
| Scuba Diver          |                |                 |        |
| Advanced Scuba Diver |                |                 |        |
| Master Scuba Diver   |                |                 |        |
| Rescue Scuba Diver   |                |                 |        |
| Specialty Diver      |                |                 |        |
|                      |                |                 |        |
|                      |                |                 |        |