

Declaration of physical and mental fitness for scuba diving for beginners

Name and surname:

ID card or passport number: Date of birth:

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Address: Town:

County: Tel:

e-mail:

I declare that I do not suffer from any of the illnesses or conditions listed below and that I meet all the physical and mental conditions necessary to take part in scuba diving lessons for beginners:

Pregnancy or possibility of pregnancy or taking medication that requires prescription (with the exception of contraceptives)

or people aged 45 years or over who have one or more of the following conditions:

being a smoker

or having high cholesterol levels

or asthma or any breathing difficulties when taking part in physical exercise

or any kind of lung disease

or collapsed lungs

or a history of abdominal surgery

or claustrophobia or agoraphobia

or epilepsy, attacks, fits or currently taking medication to prevent them

or a history of dizzy spells and fainting fits (total or partial loss of consciousness)

or a history of diving accidents or decompression sickness

or a history of diabetes

or high blood pressure or currently taking medication to control blood pressure

or any heart disease

or any hearing difficulties or problems with balance

or thrombosis or blood clotting

or psychiatric illnesses

or susceptibility to the cold, sinusitis or any breathing difficulties (e.g. bronchitis, rhinitis)

or acute migraine or headaches

or any kind of surgery within the previous six weeks

or being under the influence of alcohol, drugs or medication

or suffering from fever, vertigo, nausea, sickness and diarrhoea

or problems resulting from changes in cabin pressure when flying

or acute gastric ulcers

"I have read and understood every point on this form. The information I have given about my medical history is true and accurate to the best of my knowledge. I fully accept responsibility for any omissions resulting from any errors in recognising any current or past condition regarding my health"

Name and surname, signature and date