

Your Adventure Starts Here TODAY!

SCUBA DISCOVERY

OPEN WATER SCUBA DIVER*

SPECIALTY DIVER

Popular SDI Specialty Diving Courses

- Advanced Adventure Diver
- Boat Diver
- Computer Nitrox Diver*
- Deep Diver*
- Navigation Diver*
- Wreck Diver*

ADVANCED SCUBA DIVER

MASTER SCUBA DIVER

DIVE LEADERSHIP

- Divemaster*
- Assistant Instructor*
- Instructor*

* These SDI programs are ALL available onLine.

This serves as recognition that you have completed an SDI Scuba Discovery with an authorized SDI Dive Leader.

Name: _____

Location: _____ Date: ____/____/____

Dive Leader Name: _____

Dive Leader Number: _____

▲Dive Leader Signature ▲

-This is not a Scuba Diving Certification Card.-

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SDI Medical History

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is very safe. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this program.

The purpose of this medical questionnaire is to find out if your doctor should examine you before participating in recreational dive training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician.

Please answer EACH ONE of the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of those items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery?
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, severe attacks of hay fever or allergies or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or a history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about impairment of your physical or mental abilities?
- _____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- _____ Are you pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medication to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery.
- _____ Do you have a history or fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

I am unaware of any medical history or conditions that would prevent or disqualify me to participate in diving activities.

Participant Signature _____ Date ____/____/____

Parent/Guardian Signature (where applicable) _____ Date ____/____/____

Witness Signature _____ Date ____/____/____