

**Medical Statement (PLEASE PRINT CLEARLY) - As per Laws of Malta - S.L.409.13**

You must complete this medical statement, which includes the medical history information section, prior to enjoying any recreational scuba diving services. Its purpose is to inform you whether you should be examined by a physician before participating in recreational diving training. If any of these conditions apply to you, this does **not** necessarily disqualify you. It only means that, for your own **safety**, you must seek the advice of a physician prior to participating in recreational scuba diving. Please acknowledge that you have read and understood the information provided below by initialling each individual point. **With your signature at the end, you confirm that the answers to the questions above are true and complete.**

**1. YOU MUST CONSULT A PHYSICIAN IF**

YES or NO

INITIALS

You are pregnant or you suspect you may be pregnant

You regularly take medications (with the exception of birth control)

You are over 45 years of age and one or more of the following apply:

- You smoke
- You have a high cholesterol level

**2. YOU MUST CONSULT A PHYSICIAN IF YOU EVER HAD**

YES or NO

INITIALS

asthma, or wheezing with breathing or wheezing with exercise

any form of lung disease

pneumothorax (collapsed lung)

history of chest surgery

claustrophobia or agoraphobia (fear of closed or open spaces)

epilepsy, seizures, convulsions or take medications to prevent them

history of blackouts or fainting (full or partial loss of consciousness)

history of diving accidents or decompression sickness

history of diabetes

history of high blood pressure or take medications to control blood pressure

history of heart disease

history of ear disease, hearing loss or problems with balance

history of thrombosis or blood clotting

psychiatric disease

**3. I AM AWARE I COULD BE UNFIT TO DIVE IF I HAVE OR DEVELOP ANY ONE OF THE FOLLOWING CONDITIONS**

INITIALS

Cold, sinusitis, or any breathing problems such as bronchitis and hay fever

Acute migraine or headache

Any kind of surgery within the last six weeks

Under influence of alcohol, drugs or medication affecting the ability to react

Fever, dizziness, nausea, vomiting and diarrhoea

Problems equalising such as when popping ears

Pregnancy and/or Acute gastric ulcers

Name:

Surname:

Date of Birth:

Signature