

# PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive you must not be extremely overweight or out of condition. 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 before participating in this program.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- 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 hayfever or allergies, or lung disease?
- Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- Do you have active asthma or history of emphysema or tuberculosis?
- Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- Are you or could you be 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?
- Are you over 45 and have a family history of heart attack or stroke?
- 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 medications 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 of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

# Discover Scuba Diving Knowledge and Safety Review

To continue your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional BEFORE getting in the water.

Check the appropriate box in response to each question:

1. Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.  
 T  F
2. To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.  
 T  F
3. I should equalize every metre/few feet while descending.  
 T  F
4. If I have discomfort in my ears or sinuses during descent, I should continue downward.  
 T  F
5. Underwater, I should breathe slowly, deeply, continuously and never hold my breath.  
 T  F
6. I should add air to my buoyancy control device (BCD) to float at the surface.  
 T  F
7. My air gauge indicates how much air I have in my cylinder and I must look at it often, and whenever my instructor asks me to.  
 T  F
8. I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.  
 T  F
9. I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.  
 T  F

Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.

Participant Signature \_\_\_\_\_

Date (Day/Month/Year) \_\_\_\_\_