

# MEDICAL STATEMENT (Confidential Information)

Please read this document carefully before signing it. This is a statement in which you are informed of some of the potential risks associated with freediving. To freedive safely, you must be in good physical condition, without any history of the listed conditions. Freediving is a physically strenuous activity.

Please answer each question with a YES or NO answer. Any YES answers require the approval of a physician before participation in freediving activities.

- \_\_\_\_\_ **Pregnant**- do you think you are or might be pregnant?
- \_\_\_\_\_ **Neurological conditions** - history or present condition of seizures, epilepsy, convulsions, strokes, black outs, sever migraines, aneurysm or taking medicine to treat or prevent any of these?
- \_\_\_\_\_ **Cardiovascular conditions** - history or present condition of any cardiovascular abnormalities including but not limited to heart attack, heart surgery, stroke, aneurysm, hypertension, hypotension, angina, arrhythmia or taking medicine to treat or prevent any of these?
- \_\_\_\_\_ **Pulmonary conditions** - history or present condition of any lung abnormalities including but not limited to collapsed lung, pneumothorax, lung disease, lung cysts, emphysema, breathing difficulties, asthma, wheezing disorders or taking medication to treat or prevent any of these?
- \_\_\_\_\_ **Ears/Sinus** - history or present condition of any ear or sinus abnormalities including but not limited to permanent holes in the eardrums, ruptured eardrum, hearing loss, cysts in sinus cavity, persistent sinus infections, inability to equalize ears, problems with balance or taking medication to treat or prevent any of these?
- \_\_\_\_\_ **Diabetes/hypoglycemia** - history or present condition of diabetes or hypoglycemia or taking medication to treat or prevent these?
- \_\_\_\_\_ **Behavioral health** - mental or psychological problems?
- \_\_\_\_\_ **OTHER** - Any medical disorders or conditions that might affect your personal safety from performing strenuous exercise in the water?

\_\_\_\_\_  
Full Name Signature Date

\_\_\_\_\_  
Name of Parent or Guardian (if under 18 years of age) Signature of Parent or Guardian Date

<b>For Physician Only</b>			
<input type="checkbox"/> I find no medical conditions that I consider incompatible with freediving.			
<input type="checkbox"/> I am unable to recommend this individual for diving			
_____	_____	_____	_____
Physician's Name (print)	Physician's Signature	Phone	Date