NAUI Medical History Information Form

Stingray Divers USA
Tom Brooks
828-329-9911
scubanaui@gmail.com

Students Name: _____

Course Name: _____

Medical History Statement: I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving form a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

Write Y (yes) or N (no) next to all the following and explain under remarks, any yes answer.

___ Behavioral health problems	___ Bronchitis	___ Glasses or contact lenses
___ Claustrophobia	___ Tuberculosis	___ Dental plates
___ Agoraphobia	___ Respiratory problems	___ Physical disability
___ Migraine Headaches	___ Back problems	___ Serious injury
___ Epilepsy	___ Back/spinal surgery	___ over 40 years old
___ Ear or hearing problem	___ Diabetes	___ Hepatitis
___ Ulcers	___ HIV positive	___ Trouble Equalizing pressure
___ Sinus trouble	___ Colostomy	___ Regular medication
___ Severe hay fever	___ Hernia	___ Drug allergies
___ Heart trouble	___ Dizziness or fainting	___ Alcohol or drug abuse
___ High blood pressure	___ Recent surgery	___ Angina
___ Hospitalized	___ Heart surgery	___ Pregnant
___ Asthma		___ Motion Sickness

___ Rejected from any activity for any reason ___ Any medical condition not listed:

_____

_____ (back side)

List all medication you are presently taking:_____

_____ (back side)

I certify that the above information is correct to the best of my knowledge:

Signature of Participant: _____ Date: _____

I am a minor and my parents have signed below.

Signature of Parent or Guardian: _____ Date: _____

If at any time during your diving training your medical condition changes notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.

(continued from page # 1)_____
_____
_____

The conditions indicated present no additional or unacceptable risk beyond that which all trainees and divers accept.

Students Signature: _____

Parent or Guardians Signature: _____

** (Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history from must be completed for each course.) **

Medical History Reaffirmation ***Pool Training / Open Water Dives***

I certify the Medical Information on Page # 1 is still correct to the best of my knowledge.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Witness (Name) _____Signature_____

Signature of Parent or Guardian if Participant is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Medical History Reaffirmation ***Pool Training / Open Water Dives***

I certify the Medical Information on Page # 1 is still correct to the best of my knowledge.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Witness (Name) _____Signature_____

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I certify the Medical Information on Page # 1 is still correct to the best of my knowledge.

Signature of Participant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Witness (Name) _____+_____Signature_____

Signature of Parent or Guardian if Participant is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

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Signature of Parent or Guardian: _________________________________ Date: ____________

Witness (Name) _______________________________Signature___________________________

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