

PADI® Scuba Diving Medical Health History Questionnaire

Introduction: The purpose of the PADI® Scuba Diving Medical Health History Questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from scuba diving. A positive response means that there is a preexisting condition that may affect your safety while scuba diving and you must seek the advice of a physician. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

Please answer the following questions on your past or present medical health history with a **YES** or **NO**. If you are not sure, answer **YES**.

Questionnaire

_____ Could you be pregnant or are you attempting to become pregnant?

_____ Do you regularly take prescription or non-prescription medications?

(with the exception of birth control)

_____ Are you over 45 years of age and have one or more of the following: currently smoke a pipe, cigars or cigarettes? have a high cholesterol level? have a family history of heart attacks or strokes?

Have you ever had or do you currently have...

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hay fever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ History of chest surgery?

_____ Claustrophobia or agoraphobia (fear of closed or open spaces)?

_____ Behavioral health problems?

_____ Epilepsy, seizures, convulsions or do you take medications to prevent them?

_____ Recurring migraine headaches or do you take medications to prevent them?

_____ History of blackouts or fainting (full or partial loss of consciousness)?

- _____ Do you frequently suffer from motion sickness (sea-sickness, car-sickness, etc...)?
- _____ History of diving accidents or decompression sickness?
- _____ History of recurrent back problems?
- _____ History of back surgery?
- _____ History of diabetes?
- _____ History of back, arm or leg problems following surgery, injury or fracture?
- _____ Inability to perform moderate exercise (example: walking one mile within 12 minutes)?
- _____ History of high blood pressure or do you take medication to control blood pressure?
- _____ History of any heart disease?
- _____ History of heart attacks?
- _____ Angina or heart surgery or blood vessel surgery?
- _____ History of ear or sinus surgery?
- _____ History of ear disease, hearing loss or problems with balance?
- _____ History of problems equalizing (popping) ears with airplane or mountain travel?
- _____ History of bleeding or other blood disorders?
- _____ History of any type of hernia?
- _____ History of ulcers or ulcer surgery?
- _____ History of colostomy?
- _____ History of drug or alcohol abuse?

This information I have provided about my medical health history is accurate to the best of my knowledge.

Scuba Diver's Signature: _____

Parent / Guardian Signature: _____

Date of Signature: _____