

Medical statement of non contraindications to freediving

V 2.1 2021

This page contains personal private information to help the physician in the evaluation.

Don't bring this page to any competition.

IMPORTANT - PLEASE READ

Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. The purpose of the following questionnaire is to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future.

Answer the following questions on your past or present medical history by ticking the box marked YES or NO. If you are not sure, answer YES, and specify on backside.

		YES	NO
1	Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a physician?	<input type="radio"/>	<input type="radio"/>
2	Mental and Mood Conditions: Current or history of mental illness or mood disorder including, but not limited to schizophrenia, paranoid disorder, bouts of hysteria.	<input type="radio"/>	<input type="radio"/>
3	Neurological Conditions: Including, but not limited to any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels.	<input type="radio"/>	<input type="radio"/>
4	Cardiovascular Conditions: Including, but not limited to heart attack, heart surgery, irregular heartbeat, pacemaker, uncontrolled elevated blood pressure.	<input type="radio"/>	<input type="radio"/>
5	Pulmonary Conditions: Including, but not limited to asthma, history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, any lung problem which interferes with your ability to breathe.	<input type="radio"/>	<input type="radio"/>
6	Ear, nose and throat Conditions: Including, but not limited to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, persistent sinus infection, permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in ear-drums, severely impaired hearing or hearing loss in one or both ears, major ear surgery.	<input type="radio"/>	<input type="radio"/>
7	Eye Condition: Including, but not limited to severe myopia, retinal detachment, eye surgery.	<input type="radio"/>	<input type="radio"/>
8	Diabetes Mellitus: Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires Insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease.	<input type="radio"/>	<input type="radio"/>
9	Freediving/Scuba Diving History: Including, but not limited to previous history of a diving accident, severe blackout, decompression sickness, decompression of the inner ear of air, reverse block, lung squeeze, any lung squeeze producing pink foam, pulmonary bleeding	<input type="radio"/>	<input type="radio"/>
10	General Medical Problems: Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress.	<input type="radio"/>	<input type="radio"/>
11	Pregnancy: If you are presently pregnant.	<input type="radio"/>	<input type="radio"/>

I certify that I have answered the above questions accurately and honestly.

I am responsible for omission regarding my failure to disclose any current or past health condition.

Name of Freediver:

Date of Birth*:

Signed: _____

Date: _____

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Name of Freediver: Date of Birth*:

*If the Freediver is aged less than 18 years, this must also be signed by a parent/guardian

Signature of participants parent or guardian:

To be filled in by the Physician to validate this medical statement.

Physician s Name: _____

Physician s Signature: _____

Date: _____

Physician s phone number: _____

Physician s Stamp or Postal Address:

My signature on the above verifies that I have completely reviewed this applicants Medical Statement and find no obvious contraindications for freediving.