

FIRSTNAME / NAME :

EMAIL :

MEDICAL QUESTIONNAIRE (confidential information)

You are invited to complete the questionnaire below which will indicate the conduct to take prior to the practice of underwater diving.

Please answer the following questions with YES or NO.	OUI	NON
<u>SINCE your last medical examination of non-cons to underwater diving or during the last 12 months:</u>		
1) Has anyone in your family suddenly died of a heart or unexplained cause?	<input type="checkbox"/>	<input type="checkbox"/>
2) Have you experienced chest pain, palpitations, unusual shortness of breath, or discomfort on exercise or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>
3) Did you have an episode of wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
4) Did you have a loss of consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
5) After the occurrence of a bone, joint or muscle problem, do you maintain pain, lack of strength or stiffness?	<input type="checkbox"/>	<input type="checkbox"/>
6) Have you resumed underwater diving after stopping for at least 4 weeks for health reasons <u>without</u> consulting a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
7) Have you interrupted underwater diving for health reasons?	<input type="checkbox"/>	<input type="checkbox"/>
8) Have you had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9) Have you started regular treatment prescribed by the doctor (excluding contraception)?	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you have any history or medical problems that may be, to your knowledge, contraindications to diving?	<input type="checkbox"/>	<input type="checkbox"/>
11) Did you have any dive accidents or decompression sickness?	<input type="checkbox"/>	<input type="checkbox"/>
12) Did you perform one or more sessions in a hyperbaric chamber following an incident or diving accident?	<input type="checkbox"/>	<input type="checkbox"/>
13) Are you pregnant (for woman)?	<input type="checkbox"/>	<input type="checkbox"/>

TO BEHAVE :

If you answered YES to one or more questions:

You must consult a doctor with this questionnaire, and ask him for a medical certificate of no contraindication to the practice of underwater diving.

If you answered NO to all questions:

You can practice underwater diving, presenting the declaration of proficiency for the practice of underwater diving below:

DECLARATION OF SUITABILITY FOR THE PRACTICE OF THE SUBAQUATIC DIVING

« After completing the self-questionnaire, I, the undersigned
born on of nationality ,
Write the month in letters (example: 01 january 1999)
declare myself able to practice underwater diving, and owning the certification level :».

Done on at
Write the month in letters (example: 01 january 2018)

Signature :

Attention:

You will evolve in a natural and wild environment. You are likely to encounter sharks, moray eels, breeding triggerfish and other marine animals. We ask you to adapt your behavior during your dives, to avoid attracting fish by any means whatsoever, not to wear jewelry too bright and not to wave your arms continuously. It is recommended to keep a reasonable distance with the animal and stay close to your guide.