

# MEDICAL FORM

This form must be completed by any person wishing to engage in scuba diving

SURNAME : ..... Given name : .....

Date of birth : ..... Place of birth : .....

Street/n° : .....

City/Country : ..... Zip code : ..... Tél : ..... Mob : .....

Nationality : ..... Dive qualification: ..... Email : .....

Have you ever had or do you currently have any of the following conditions (tick the corresponding box(es)) :

- |                                                                 |                                                                |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Character or neurotic disorders        | <input type="checkbox"/> Dizzy spells                          |
| <input type="checkbox"/> Epilepsy                               | <input type="checkbox"/> Vascular malformations                |
| <input type="checkbox"/> Stroke                                 | <input type="checkbox"/> Chronic obstructive pulmonary disease |
| <input type="checkbox"/> Chronic asthma                         | <input type="checkbox"/> Pulmonary emphysema                   |
| <input type="checkbox"/> Pneumothorax (collapsed lung)          | <input type="checkbox"/> Permanent tachycardia > 100 bpm       |
| <input type="checkbox"/> High blood pressure                    | <input type="checkbox"/> Angina or heart attack                |
| <input type="checkbox"/> Heart rhythm disorders                 | <input type="checkbox"/> Wearing of a pacemaker                |
| <input type="checkbox"/> Recent surgery                         | <input type="checkbox"/> Any dive accident                     |
| <input type="checkbox"/> Retinal detachment                     | <input type="checkbox"/> Glaucoma                              |
| <input type="checkbox"/> Hernia                                 | <input type="checkbox"/> Colon diseases                        |
| <input type="checkbox"/> Severe short-sightedness (myopia)      | <input type="checkbox"/> Chronic dry or suppurative otitis     |
| <input type="checkbox"/> Eardrum perforation                    | <input type="checkbox"/> Nose/sinus infection                  |
| <input type="checkbox"/> Lumbar sciatica                        | <input type="checkbox"/> Diabetes                              |
| <input type="checkbox"/> Head injury with loss of consciousness | <input type="checkbox"/> Are you currently pregnant?           |

If any of the above items applies to you, we request that you obtain a medical certificate prior to engaging in scuba diving.

**Having ticked none of the boxes above**, I hereby declare that the information I have provided is accurate and that, to my knowledge, I do not suffer from any of the conditions referred to in this medical form.

The list above is provided on a solely indicative basis and shall not be regarded as all-inclusive. Please indicate any other health condition you may be currently suffering from: .....

Should there be any disagreement about said condition, the dive supervisor shall ultimately decide whether to authorize the dives. I hereby acknowledge that **Blue Caledonia Diving** has fulfilled its obligations having duly enquired about my health status and possible conditions incompatible with scuba diving.

Bue Caledonia Diving is insured as part of its civil liability. **We strongly recommend that you take out individual insurance which will cover you in the event of a diving accident.** You can take out this insurance with the **Divers Alert Network (DAN)** :

<https://www.daneurope.org/fr/buy-renew-dive-insurance/?partnerCode=971881>

Date: .....

Signature:

