

## NAUI Medical History Information Form



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**Student's / Diver's 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 from 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.

<input type="checkbox"/> Behavioral health problems	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Glasses or contact lenses
<input type="checkbox"/> Claustrophobia	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Dental plates
<input type="checkbox"/> Agoraphobia	<input type="checkbox"/> Respiratory problems	<input type="checkbox"/> Physical disability
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Back problems	<input type="checkbox"/> Serious injury
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Back/spinal surgery	<input type="checkbox"/> over 40 years old
<input type="checkbox"/> Ear or hearing problem	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Ulcers	<input type="checkbox"/> HIV positive	<input type="checkbox"/> Trouble Equalizing pressure
<input type="checkbox"/> Sinus trouble	<input type="checkbox"/> Colostomy	<input type="checkbox"/> Regular medication
<input type="checkbox"/> Severe hay fever	<input type="checkbox"/> Hernia	<input type="checkbox"/> Drug allergies
<input type="checkbox"/> Heart trouble	<input type="checkbox"/> Dizziness or fainting	<input type="checkbox"/> Alcohol or drug abuse
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Angina
<input type="checkbox"/> Hospitalized	<input type="checkbox"/> Heart surgery	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Asthma		<input type="checkbox"/> Motion Sickness
<input type="checkbox"/> Rejected from any activity for any reason <input type="checkbox"/> Any medical condition not listed (please specify):		

List all medication you are presently taking: \_\_\_\_\_

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:** \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

If **yes** answered to any of the questions, additional signature is required. The conditions indicated present no additional or unacceptable risk beyond that which all trainees and divers accept.

**Student's / Diver's Signature:** \_\_\_\_\_

**Parent or Guardian's Signature:** \_\_\_\_\_

### Medical History Reaffirmation for Pool / Open Water Training

I certify the above information is still correct to the best of my knowledge.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Witness (Name) \_\_\_\_\_ Signature \_\_\_\_\_

## San Diego Scuba Guide

### RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

#### PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

#### EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I \_\_\_\_\_ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

#### RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in San Diego Scuba Guide Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees): **San Diego Scuba Guide, Davor Potocnjak NAUI Instructor #51547 and National Association of Underwater Instructors.**
2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and / or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.
4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document. I hereby declare that I am of legal age and am competent to sign this Agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my parent or legal guardian is in complete understanding and concurrence with this agreement.

#### I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature Of Participant \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

#### FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

\_\_\_\_\_ EMERGENCY PHONE#(S) \_\_\_\_\_ Date Signed \_\_\_\_\_

#### SIGNATURE OF PARENT OR GUARDIAN

#### PRINT CLEARLY PLEASE:

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE (COUNTRY) \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOTEL NAME \_\_\_\_\_ ROOM \_\_\_\_\_ AGE \_\_\_\_\_ CONTACT PHONE #( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

#### WHO TO CONTACT IN CASE OF AN EMERGENCY:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CONTACT PHONE#( ) \_\_\_\_\_

#### INSTRUCTOR/LEADER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature Of Instructor/Leader \_\_\_\_\_ Date \_\_\_\_\_

Please note the following excerpt from the "WARRANTIES FOR TRAINING"

"Each student shall be required to complete a medical history form at the beginning of training. The beginning of training is defined as the commencement of in-water training activities. A written release for each student must also be completed at the beginning of training."



# HEALTH DECLARATION FORM / COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enrol in a diver training program or to participate in any diving activity. If you are a minor, you must have this statement signed by your parent or guardian.

## DIVER MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Please answer the following questions with a YES or NO. If you are not sure, answer YES. A positive response means that there may be a preexisting condition that could affect your safety while diving. If any of these items apply to you, we must request that you consult with a physician, preferably a specialist in diving medicine, prior to participating in diving activities.

Within the 40 days immediately preceding the date of this Health Declaration Form, have you:

1. TESTED POSITIVE OR PRESUMPTIVELY POSITIVE WITH COVID-19 (THE NEW CORONAVIRUS OR- SARS-COV2) OR BEEN IDENTIFIED AS A POTENTIAL CARRIER OF THE CORONAVIRUS?

☐ YES ☐ NO

2. EXPERIENCED ANY SYMPTOMS COMMONLY ASSOCIATED WITH COVID-19 (FEVER; COUGH; FATIGUE OR MUSCLE PAIN; DIFFICULTY BREATHING; SORE THROAT; LUNG INFECTIONS; HEADACHE; LOSS OF TASTE; OR DIARRHEA)?

☐ YES ☐ NO

3. BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNISED HEALTH OR REGULATORY AUTHORITY?

☐ YES ☐ NO

4. BEEN IN DIRECT CONTACT WITH OR IN THE IMMEDIATE VICINITY OF ANY PERSON WHO TESTED POSITIVE WITH THE NEW CORONAVIRUS OR WHO WAS DIAGNOSED AS POSSIBLY BEING INFECTED BY THE NEW CORONAVIRUS?

☐ YES ☐ NO

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions.

I also commit to inform \_\_\_\_\_ about any symptom that may arrive after having filled in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature

## ADDITIONAL DECLARATIONS / COVID-19

☐ I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by \_\_\_\_\_, and will take all reasonable preventive steps that may be recommended by \_\_\_\_\_, or any relevant public authority.

☐ I WILL accept and observe all instructions by \_\_\_\_\_ intended to abide by all existing regulations, required to help prevent the risk of transmission, including having my temperature taken prior to participating in any diving activities.

☐ I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to \_\_\_\_\_ o retain this declaration and disclose it to any relevant authority or service provider for the purposes of ensuring the safety of any third parties that may come in contact with me prior to, during, and after any diving activity.

Full Name

Date

Guardian's Full Name

Date

Signature

Signature



# PLEASE NOTE

COVID-19 shares many of the same symptoms as other serious viral pneumonias that require a period of convalesce before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

## MEDICAL RECOMMENDATIONS (2):

- Divers who have had symptomatic COVID-19, should wait a minimum of TWO months, preferable THREE, before resuming their diving activities.
- Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.
- Divers who have been hospitalised with pulmonary symptoms related to COVID-19, should, after a three-month waiting period, undergo complete pulmonary function testing as well as a cardiac evaluation with echocardiography and exercise test (exercise electrocardiography) to ascertain normal cardiac function prior to their return to diving.

## GENERAL RECOMMENDATION

- Divers and dive centers should observe strictly the guidelines for disinfection of diving gear (as issued by the diving federations and DAN Europe / Divers Alert Network).

## REFERENCES

- (1) [Return to Diving Post COVID-19](#) - issued by the Undersea and Hyperbaric Medical Society (UHMS) in the USA.
- (2) [Diving after COVID-19 pulmonary infection](#). A position statement of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).

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The present is a sample of a Health Declaration Form that a dive centre or dive professional may want to adopt and submit to customers and students, before taking up any diving activity with them.

The Form has been developed by the DAN Europe Medical Division team, based on information available as of May 2020. The epidemiological situation is constantly evolving. As a result, this document may be subject to changes and updates.



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