

INTERNATIONAL ASSOCIATION OF NITROX DIVERS, INC. - IANTD

Medical Questionnaire

INSTRUCTOR COPY

Student Information - Please Print Legibly

Name : \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

MESSAGE TO THE MEDICAL EXAMINER

Technical & Recreational Scuba diving activities with compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are physically strenuous and will cause exertion of the student during the diving course and they may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotrauma/hyperbaric injuries that can occur requiring treatment in a recompression chamber, heart attacks, panic hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other organic malfunction that may occur.

Please read each question carefully and answer them accurately. Please explain any yes answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in the IANTD, Inc. Diving Program but will require you to obtain a medical clearance from a Diving Medical Practitioner.

- 1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain s blood vessels. YES NO
2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension). YES NO
3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. YES NO
4. EAR CONDITIONS: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one ore both ears, or major ear surgery. YES NO
5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. YES NO
6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing. YES NO
7. DIABETES MELLITUS: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control. Any form of Diabetes that is unstable, brittle or 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. Also history of elevated blood sugar or elevated blood during pregnancy. YES NO
8. PREGNANCY: If you are presently pregnant or may become pregnant before completing your scuba course. YES NO
9. SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. YES NO
10. MEDICATION: Any medication taken on a regular basis either over-the -counter or prescribed by a physician. YES NO
11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the students safety in an underwater environment or affect the students judgment under times of physical stress. YES NO

12. PLEASE EXPLAIN ANY YES ANSWER FOR QUESTIONS 1 THROUGH 11. First list item number and then provide the explanation. Use the back of this paper, if necessary.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years of age student s parent or guardian is also required to certify the form s accuracy by co-signing the form.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Cleared for class Student Requires Medical Clearance

Instructor s Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE READ AND SIGN REVERSE SIDE

**WARNING: Oral or total systemic decongestants, Trans-Derm, or oral sea sickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination of, MAY cause harmful, if not fatal, reactions underwater, especially if taken too soon before diving.**

**I, (print students name) \_\_\_\_\_, acknowledge that I have read the above warning and that I understand, and take responsibility for my actions as regards my use or mis-use of any and all drugs during this course of Scuba Instruction.**

\_\_\_\_\_  
student signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
today s date

**IANTD  
WAIVER & RELEASE OF LIABILITY**

**INSTRUCTOR COPY**

**PRE CLASS UNDERSTANDING:**

For and in consideration of permitting me (print name) \_\_\_\_\_ to participate in the activities and training for \_\_\_\_\_ Diving, I understand that it is my responsibility to receive academic instruction. I further acknowledge that I have read the entire document and recognize that it is my responsibility to ensure I understand each item.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please read this entire document, after completion of the academic training enter your initials beside each major heading in the space provided, and date/sign the document as indicated.**

\_\_\_\_\_ ***Acknowledgment and Assumption of Risk.*** I understand that scuba diving involves risk of injury that can result in discomfort, suffering, permanent disability, and even death. I understand that diving related injuries such as decompression sickness and pulmonary barotrauma/arterial gas embolism can result in serious and permanent mental and/or physical disabilities or death. I understand that pressure-related injuries can cause visual or hearing impairments. I understand that such injury can occur even at shallow depths. I hereby state that I am knowledgeable of the risks associated with scuba diving and I accept these risks. I understand swimming and scuba diving also exposes me to the risk of near-drowning or death by drowning. I further understand that ultimately I must and will assume responsibility for my personal actions during participation in scuba diving and related activities.

\_\_\_\_\_ ***Maintaining Medical and Physical Fitness for Diving.*** I understand that it is my responsibility to establish a personal medical examination schedule with my physician in order to assure that I am medically qualified to participate in scuba diving in future years. I further understand that it is my personal responsibility to maintain a level of physical fitness that is acceptable to meet the physical demands that I might encounter while scuba diving.

\_\_\_\_\_ ***Maintaining Swimming and Diving Skill.*** I understand that swimming and scuba diving skill proficiency deteriorates during periods of inactivity and absence from diving and that such deterioration can compromise my safety in the aquatic environment. I further understand that it is my responsibility to personally maintain swimming and diving skills through active participation in scuba diving, personal proficiency maintenance programs, continuing diving education and/or periodic skill refresher programs. I also understand that it is my responsibility to inform the dive guide or dive master and my dive buddy if I have been absent from diving for more than 6 months.

\_\_\_\_\_ ***Use of Oxygen Enriched Air.*** I understand that oxygen breathed at an elevated partial pressure can result in Central Nervous System oxygen toxicity and that specific time limits are prescribed. I hereby acknowledge that I am aware that oxygen toxicity can manifest itself as convulsive seizures with little or no pre-convulsion symptoms. I understand that the consequences of such seizure in the water could lead to death by drowning. I am aware that thermal stress, exercise, and general physical condition can modify my susceptibility to oxygen toxicity on any given day. I understand that I may still develop CNS oxygen toxicity even when diving with the recognized oxygen partial pressure limits. I further acknowledge that I have been made aware of the concept of whole body oxygen toxicity.

\_\_\_\_\_ ***Oxygen Analysis.*** I understand that it is my responsibility to personally analyze or verify the analysis of each cylinder of Enriched Air Nitrox prior to any use.

\_\_\_\_\_ ***Use of Dive Tables and Dive Computers.*** I hereby acknowledge that I have learned to use the IANTD / IAND, Inc. Repetitive Diver dive tables during this course and I understand that each table imposes different depth and time limits. I further understand that each table imposes different depth and time limits. I further understand that it is my responsibility to assure that I have selected the appropriate table for the gas mixture that I am using for any given dive. I understand that there are many personal and daily physiological factors that can alter my body's capacity to absorb and eliminate inert gas and that no existing dive table or computer can assure absolute 100% protection from decompression sickness.

**(Continued on the other side - signature required)**

\_\_\_\_\_ **Illness.** I understand that I can place myself and others at risk by diving with a respiratory infection, congested lungs, after effects of alcohol/drug consumption, severe illness, and other medical problems that might compromise my personal well-being or performance. I understand that it is my responsibility to seek the advice of a physician as to whether I should or should not use SCUBA if I have any questions relative to my personal health. I also understand that I must obtain approval from my physician before returning to diving after any major illness, injury, or surgery.

\_\_\_\_\_ **Oxygen Safety.** I understand that handling and mixing oxygen with other gases requires special equipment and training. I further understand that improper gas mixing and mixing oxygen with air or other gases containing oil or oil byproducts can cause explosion resulting in life-threatening injury. I hereby acknowledge that I will not attempt to mix oxygen with air or other gases unless I am specifically trained in the technology of gas mixing.

\_\_\_\_\_ **Equipment.** I understand that it is my responsibility to assure that all items of equipment that I intend to use for any given dive are operational and free of obvious malfunction. I further understand that it is my responsibility to use and maintain all items of equipment that I may purchase in accord with the manufacturer's guidelines and requirements as stated in manuals and literature that comes with the equipment.

\_\_\_\_\_ **Diving in Unfamiliar Environment.** I understand that upon the completion of my open water diving training, will be familiar with only the environment in which I was trained. I further understand that it is my responsibility to obtain additional instruction, participate in an environmental orientation program, or, at least, dive under the direct leadership of an experienced and competent diver when I plan to dive in new environments (environments for which I have no specific training or experience).

\_\_\_\_\_ **Monitoring New Developments and Maintaining General Knowledge.** I understand that procedures for use of dive tables, dive computers, first aid, flying after diving, and other factors related to operational diving may be modified by findings of new research and operational experience. I understand that it is my responsibility to stay abreast of new developments through reading diving-related periodicals and/or participating in periodic refresher or continuing education courses. I further understand that my ability to use dive tables and remember specific procedures related to safe diving may deteriorate with time and / or absence from diving and that it is my responsibility to maintain an appropriate level of knowledge to assure safer participation in diving.

\_\_\_\_\_ **Right of Refusal to Dive.** I understand that it is ultimately my responsibility to identify my personal limitation with regard to depth, environment, and diving activity. I further understand that it is my personal responsibility to refuse to dive under any conditions that I feel are unsafe, represent unacceptable risk to myself or others, or exceed the level of my experience, training, and equipment.

\_\_\_\_\_ **Open Water Training.** I understand that it is my responsibility to complete Basic Enriched Air Nitrox Diver open water training within the six month period designated on my referral form. I further understand that an extension of this referral will not be issued and that I will be required to again complete the lecture portion of the course in order to advance to open water training if the referral expires.

\_\_\_\_\_ **Hyperbaric Treatment.** I understand that some injuries associated with SCUBA diving may require treatment in a hyperbaric (recompression) chamber.

In consideration of the training received in \_\_\_\_\_ Diving, I hereby release IAND, Inc., d.b.a. IANTD and Instructor(s) \_\_\_\_\_, \_\_\_\_\_ from any and all liability arising from this training and the open water dives conducted in this course, including any liability for negligence or gross negligence. I have completed the academic requirements, have read this document and understand the information, conditions, and responsibilities stated herein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_.