



PADI Seal Team Statement

Participant Record (confidential information)

PLEASE PRINT CLEARLY.

Name _____ Birthdate _____ Age _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (____) _____ email _____

Emergency contact _____ Relationship _____

Primary Phone (____) _____ Home Work Cell

Secondary Phone (____) _____ Home Work Cell

How did you hear about us? _____

MEDICAL QUESTIONNAIRE

To the participant and parent: Please answer YES or NO to any of the following items to accurately reflect the participant's past medical history or present medical condition. A YES answer to any of these items requires that a participant obtain written medical approval before being allowed to participate in scuba diving activities. If this applies, please ask for a Medical Statement (#10063) to take to the physician.

- Yes No I am currently suffering from a cold or congestion.
- Yes No I have a history of respiratory problems or disease.
- Yes No I have had asthma, emphysema or tuberculosis.
- Yes No I currently have an ear infection.
- Yes No I have recurrent ear problems, ear disease or surgery.
- Yes No I have a history of sinus problems.
- Yes No I have had problems equalizing (popping) my ears with airplane or mountain travel.
- Yes No I am diabetic.
- Yes No I have a history of heart condition (e.g., cardiovascular disease, angina, heart attack).
- Yes No I have a history of seizures, dizziness or fainting.
- Yes No I have a nervous system disorder.
- Yes No I have behavioral health, mental or psychological disorders (panic attack, fear of closed or open spaces).
- Yes No I have recurrent back problems, history of back or spinal surgery.
- Yes No I am currently taking prescription medication that carries a warning about impairment of physical and mental abilities (with the exception of anti-malarial).
- Yes No I have recently had an operation or illness.
- Yes No I am under the care of a physician or have a chronic illness.

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