

Self Medical Statement

Spearfishing/Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. The Frenchman Ltd therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future.

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in spearfishing / freedive training. A positive response to a question does not necessarily disqualify you from spearfishing/freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving and you **MUST** seek the advice of a physician prior to engaging in freedive activities. The physician needs to say that he/she finds no medical conditions incompatible with freediving if any „YES“ box is ticked.

Please answer the following questions on your past or present medical history by ticking the box marked YES or NO. If you are not sure, answer YES.

***Required**

1. Diver Name *

2. Diver Surname *

3. Date of birth *

Example: 7 January 2019

Neurological conditions

4. Have you ever suffer from seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels. *

Mark only one oval.

Yes

No

Cardiovascular conditions

5. Have you ever suffer from heart attack, heart surgery, irregular heartbeat, and/or uncontrolled elevated blood pressure. *

Mark only one oval.

Yes

No

Pulmonary conditions

6. Have you ever suffer from of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, significant lung squeeze, any lung squeeze producing pink foam or blood or any lung problem which Interferes with your ability to breathe *

Mark only one oval.

Yes

No

Ear Nose Throat (ENT) conditions

7. Have you ever suffer from permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in ear- drums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery or tinnitus or tumour, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. *

Mark only one oval.

Yes

No

Asthma

8. Have you ever suffer from asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing. *

Mark only one oval.

Yes

No

Diabetes

9. Do you suffer from Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires Insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypo- glycemia (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. *

Mark only one oval.

Yes

No

Freediving/Scuba diving conditions

10. Have you ever suffer from a diving accident, decompression sickness, and/or decompression of the inner ear of air. *

Mark only one oval.

Yes

No

Medications

11. Any medication taken on a regular basis either over-the-counter or prescribed by a physician. *

Mark only one oval.

Yes

No

General Medical conditions

12. Do you suffer from any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. *

Mark only one oval.

Yes

No

Allergies

13. Do you suffer of any allergies (medication, food,...) *

Mark only one oval.

Yes

No

14. If YES, Please precise to what *

15. Do you carry any anti allergic medication with you (antihistaminic tablets, EpiPen,...) *

Mark only one oval.

Yes

No

Signature

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

Mark only one oval.

Yes

17. If the Spearfisherman/woman is aged less than 18 years, this must also be signed by a parent/guardian. Please state Name, Surname, Phone number and email address : *

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