



International Association of Nitrox and Technical Divers Medical Questionnaire

Student Information - *Please print legibly*

Name: _____ Birth Date: ____/____/____
Day / month / year

MESSAGE TO THE MEDICAL EXAMINER

Technical 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 he/she may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotraumas and/or 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 Diving Program.

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 and/or 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 student's safety in an underwater environment or affect the student's judgment under times of physical stress. YES NO

PLEASE EXPLAIN ANY "YES" ANSWER FOR QUESTIONS 1 THROUGH 11. First list the item number and then provide the explanation. Use additional pages if necessary.

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

Student _____
Signature

Date ____/____/____
Day / month / year

Parent or Guardian if under 18 _____
Signature

Date ____/____/____
Day / month / year

Witnessed by: _____
Signature

Date ____/____/____
Day / month / year

This student requires additional medical clearance form a physician. YES NO
This student is cleared for the class. YES NO

Instructor _____
Signature

Date ____/____/____
Day / month / year



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Additional Medical Statement

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, MAY cause harmful, if not fatal, reactions underwater, especially if taken too soon before diving.

I, (your name) _____ acknowledge that I have read the above warning and that I understand, and take responsibility for my actions with regards to my use or misuse of any and all drugs during all of my Scuba Activities and Instruction.

Student _____
Signature

Date ____/____/____
Day / month / year

Parent or Guardian if under 18 _____
Signature

Date ____/____/____
Day / month / year

Witnessed by: _____
Signature

Date ____/____/____
Day / month / year