



Dead Sea Divers – Challenge yourself

Dear Diver

Please review the Medical Questionnaire below to familiarize yourself with the types of questions that you will need to respond to when you signing-up for your Discover Dead Sea Diving experience.

Dead Sea diving is an exciting and demanding activity. To dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person suffering from a heart trouble, a current cold or congestion, epilepsy, asthma, or any other severe medical problem should not dive. The same goes for a diver under the influence of alcohol or drugs. If taking medication, consult your doctor before participating in this program.

The purpose of this Medical Questionnaire is to determine if you should be examined by a physician before participating in Dead Sea dives. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions concerning your past and present medical history with YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in Dead Sea dive. Your instructor will supply you with a PADI Medical Statement and Guidelines for Dead Sea Diver's Physical Examination to submit to a physician.

- Do you currently have an ear infection? N / Y
- Do you have a history of ear diseases, hearing loss or problems with balance? N / Y
- Do you have a history of ear or sinus surgery? N / Y
- Are you currently suffering from a cold, congestion, sinusitis or bronchitis? N / Y
- Do you have a history of respiratory problems, severe attacks of high fever, allergies or lung diseases? N / Y
- Have you had a collapsed lung (pneumothorax) or history of chest surgery? N / Y
- Do you have active asthma or history of emphysema or tuberculosis? N / Y
- Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities? N / Y
- Do you have behavioral health, mental or psychological problems or a nervous system disorder? N / Y
- Are you or could you be pregnant? N / Y
- Do you have a history of colostomy? N / Y
- Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery? N / Y
- Do you have a history of high blood pressure, angina, do you take medication to control blood pressure? N / Y
- Are you over 45 years old and have a family history of heart attacks or strokes of any kind? N / Y
- Do you have a history of bleeding or other blood disorders? N / Y
- Do you have a history of diabetes? N / Y
- Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy? N / Y
- If so, do you take medications to prevent the situation? N / Y
- Do you have a history of back, arms or legs problems following an injury, fracture or surgery? N / Y
- Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia) ? N / Y

Name _____ Birth Date _____ Age _____

Mailing Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Home Phone (_____) _____ Business Phone (_____) _____

FAX (_____) _____

The information I have provided about my medical history is accurate to the best of my knowledge.

Participant's Signature _____

Date (day/month/year) _____