

# Sport Diving Medical Declaration

**New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.**

*Fees for a medical examination are the responsibility of the diver.*

**NOTES TO DIVER:** It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a UKDMC Medical Referee (listed on <http://ukdmc.org>).

**IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE.**

Name:			Date of Birth:	
Address:				
Postcode:	Telephone:	Occupation:		
Dive organisation:	Branch:	Membership no:		

	<b>Have you ever had or suffered from -</b>	<b>Yes</b>	<b>No</b>
1	Diseases of the heart and circulation including high blood pressure (or taking tablets for high blood pressure), angina, chest pains or palpitations?	<input type="checkbox"/>	<input type="checkbox"/>
2	Chest or heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>
3	Significant bleeding or blood disorders?	<input type="checkbox"/>	<input type="checkbox"/>
4	Asthma, chronic obstructive airways disease or ever used an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>
5	Collapsed lung, pneumothorax or other lung injury?	<input type="checkbox"/>	<input type="checkbox"/>
6	Any other problem affecting the lungs, suspected or known COVID-19 or tested positive for COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
7	Blackouts, fainting or recurrent dizziness?	<input type="checkbox"/>	<input type="checkbox"/>
8	Abdominal surgery, ileostomy, colostomy or repair of a hiatus hernia?	<input type="checkbox"/>	<input type="checkbox"/>
9	Epilepsy or fits?	<input type="checkbox"/>	<input type="checkbox"/>
10	Recurrent migraines?	<input type="checkbox"/>	<input type="checkbox"/>
11	Disease of the brain or nervous system (including strokes or multiple sclerosis)?	<input type="checkbox"/>	<input type="checkbox"/>
12	Back or spinal surgery or any serious back problems?	<input type="checkbox"/>	<input type="checkbox"/>
13	Psychological illness of any kind, fear of small spaces, suicidal thoughts or panic attacks?	<input type="checkbox"/>	<input type="checkbox"/>
14	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
15	Cancer, malignant disease or a tumour?	<input type="checkbox"/>	<input type="checkbox"/>
16	A requirement for any prescribed medication (except the contraceptive pill)?	<input type="checkbox"/>	<input type="checkbox"/>
17	Decompression illness, immersion induced pulmonary oedema or other diving related problem?	<input type="checkbox"/>	<input type="checkbox"/>
18	Have you had regular ear problems in the past ten years?	<input type="checkbox"/>	<input type="checkbox"/>
19	Have you had a head injury with loss of consciousness in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
20	Have you had any problem with alcohol or drug abuse in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
21	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?	<input type="checkbox"/>	<input type="checkbox"/>
22	Are you currently receiving medical care or have you consulted a doctor in the last year other than for mild self limiting illnesses that have completely resolved? (Please discuss any symptoms of the upper or lower respiratory tract with a UKDMC Medical Referee).	<input type="checkbox"/>	<input type="checkbox"/>
23	Are you concerned about any other medical issue that has not been covered by the questions on this page?	<input type="checkbox"/>	<input type="checkbox"/>

I, the subject of this medical, am signing to certify that I have declared everything and understand that failure to do so may put myself and/or buddy at risk of harm or death.	Signed:	Date:

Signature of Parent or Guardian if under the age of 18)

**IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SPEAK TO A UKDMC MEDICAL REFEREE ABOUT THE IMPLICATIONS FOR DIVING**

Divers answering 'Yes' to any question above must seek advice from a UKDMC Medical Referee. Please be aware that many UKDMC Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.

**Only page 1 is required for divers answering No to all questions - if answering Yes complete pages 2 and 3 which can be downloaded from [ukdmc.org](http://ukdmc.org)**