

**2013 UK SPORT DIVER MEDICAL FORM**Website: [www.uksdmc.co.uk](http://www.uksdmc.co.uk)

Diving Training should not be undertaken until the candidate has completed this Medical Declaration or had a Medical Examination confirming fitness to dive.

*Fees for countersignature of this form or 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. Sport diving can at times involve heavy physical exertion. Moreover, recreational diving in the UK is carried out in what can occasionally be a cold, dark and hostile environment and it entails responsibility for the safety of other divers. If you have any queries then please contact a medical referee (listed on the website above).

After completing the questions below please follow the instructions overleaf.

**IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE.**

**FULL NAME (BLOCK CAPITALS)****DOB:****Diver Medical Health Questionnaire**

	YES	NO
Have you ever suffered at any time from diseases of the heart and circulation including high blood pressure, angina, chest pains and palpitations?		
Have you ever had chest or heart surgery?		
Have you ever had significant bleeding or blood disorders?		
Have you ever suffered from or had to take medication for asthma?		
Have you ever had collapsed lung or pneumothorax?		
Have you ever had any other chest or lung disease or problems?		
Have you ever suffered from blackouts, fainting or recurrent dizziness?		
Have you had regular ear problems in the past ten years?		
Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?		
Have you ever had epilepsy or fits?		
Have you ever had recurrent migraines?		
Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?		
Have you had a head injury with loss of consciousness in the past 5 years?		
Have you ever had any back or spinal surgery? Or had any serious back problems?		
Have you ever had any mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?		
Have you had any problem with alcohol or drug abuse in the last five years?		
Do you have diabetes?		
Are you taking any prescribed medication (except the contraceptive pill)?		
Are you currently receiving medical care or have you consulted the doctor in the last year for conditions other than the common cold?		
Have you ever been refused a diving medical certificate or life insurance or been offered special terms?		
Have you ever had, or been treated for, decompression illness?		
Could you be pregnant, or trying to get pregnant?		

Continued overleaf

**IMPORTANT - if you have answered yes to any question please give details below.**

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**IMPORTANT - Please read these instructions carefully then fill in your, name, address and contact telephone number/email and then sign below**

Divers answering “No” to all questions should complete and sign this declaration, deleting answer b), hand the original copy to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

Divers answering “Yes” to any question or are unsure on any area should delete answer a) and sign. They must then seek advice from a Medical Referee. Please be aware that many referees are in other full time employment so allow a reasonable amount of time for your enquiry to be processed.

- From a telephone call or email enquiry, the Medical Referee may only need to endorse this form on your behalf. Please take a copy of this form and send the original to the Medical Referee, together with **the required fee and a stamped self-addressed envelope**. When returned to you hand the original of this form to your Diving Officer and retain a copy with your Qualification Record Logbook for reference purposes.

- The Medical Referee may require a statement from your GP and/or to see you for an examination and if you are found fit to dive, they will give you a completed **Certificate of Fitness to Dive** with an expiry date or a statement that further medical assessment is not required. You should attach a copy of the Certificate of Fitness to Dive to this form and hand it to your Diving Officer. Ensure you retain the original of the Certificate of Fitness to Dive (you may need to provide copies for future annual declarations) with a copy of this form with your Qualification Record Logbook for reference purposes.

**PLEASE COMPLETE ALL AREAS BELOW IN BLOCK CAPITALS**

<b>Name:</b>		<b>DoB:</b>	<b>Email:</b>
<b>Address:</b>			
<b>Post Code:</b>	<b>Telephone:</b>		<b>Occupation:</b>
<b>Dive Organisation:</b>	<b>Branch:</b>	<b>Membership No:</b>	

I authorise any doctor who has attended me to disclose my relevant medical history if requested to the Medical Referee.

**Delete a) or b) following as appropriate.**

- a) I hereby declare that my response to all the above questions is “No” and that to the best of my knowledge, I am in good health and declare that I have not omitted any information which might be relevant to my fitness for diving.
- b) The answer to one or more of the above questions is “Yes”. I have notified the Medical Referee whom I have asked to endorse this form.

Signed.....  
(Signature of Parent or Guardian if under the age of 18)

Date.....

**For completion by a UKSDMC Registered Diving Medical Referee if required**

Please delete where applicable

- a) In light of the verbal and/or written statements to me I hereby endorse this self-declaration form on behalf of the applicant.
- b) **Unless there is a change in the applicant’s medical condition**, they need not submit their self-declaration form to a medical referee -  
1) Indefinitely                      2) for                      years (Applicant should save a photocopy of this form for future years.)
- c) Having examined the applicant, I have detailed my findings on the UKSDMC Examination Form and I have issued a Certificate of Fitness to Dive

Signature of UKSDMC Diving Medical Referee	GMC number	Date
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**VALIDITY AND STORAGE**

**This form is valid for one year only unless certified for a longer period by the Medical Referee.** Any change in health must be declared as this may affect your fitness to dive. Completed forms must be kept by the diver’s Branch/Club during the period of validity.

An up to date list of Medical Referees can be downloaded from [www.bsac.com/medical](http://www.bsac.com/medical)