TDI Forms

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Part 4: TDI Forms

Revision His	story	
Revision Number	Date	Changes
2.0	11/12/01	Reformatted
2.1	02/04/02	Updated Diver Registration Form
2.2	10/10/02	Updated with latest Training Updates.
3.0	08/15/03	Updated with latest Training Updates.
3.1	12/23/03	Updated with latest Training Updates.
5.0	11/19/04	Changes to most forms
6.0	11/01/05	Updated forms w/version number
7.0	10/27/06	Updated forms w/version number
8.0	11/13/07	Minor editorial changes
9.0	12/01/08	New form and minor editorial changes
10.0	12/31/2009	Member Update Form added. Minor Edits.
11.0	01/01/2011	Minor Edits, Changed medical to RSTC version, Changed DM registration process, inserted new academic and inwater presentation forms
12.0	01/01/2012	Address change to all forms
13.0	01/01/2013	No Changes
14.0	01/01/2014	No Changes
14.1	10/01/2014	Updated address on medical form
15.0	01/01/2015	No Changes
15.1	04/01/2015	No Changes
15.2	08/01/2015	No Changes
15.3	11/01/2015	Page Two: Headquarters information updated
16.0	01/01/2016	No Changes
16.2	07/07/2016	Added Facility information to TDI Diver Registration form
17.0	01/01/2017	No Changes
18.0	01/01/2018	No Changes



TDI Standards and Procedures

Part 4: TDI Forms

Revision History			
Revision Number	Date	Changes	
19.0	01/01/2019	Updated form names Added International Training General Liability Release and Express Assumption of Risk – For non-SCUBA courses form. Updated TDI Instructor Registration form References to CPROX, CPR1st and CPROX1stAED removed from member update form and replaced with First Response Training International ratings. Formatting updated	
19.1	02/27/2019	New form for minors being supervised and/or trained in the US state of Florida	
0120	01/01/2020	Multiple forms updates to include location/facility on Diver registration form, divemaster registration form, and instructor registration form. "Print minors full name" added to "Notice To The Minor Child's Natural Guardian" form	
0121	01/01/2021	1.12 ITI Medical Questionnaire and Physicians Sign Off replaced with UHMS equivilent form 1.13 ITI Medical Questionnaire replaced with UHMS Medical Questionnaire	
0221	02/01/2021	No Changes	
0122	01/01/2022	No Changes	

TDI Standards and Procedures

Part 4: TDI Forms



1. Forms Overview

1.1 Diver Registration Form

Use this form when registering divers for TDI Courses. When completing a student registration form, only 1 course may be checked off, for each form.

When using the student registration form, fax or scan and email to ERDI/SDI/TDI Headquarters; the student cards will be returned in the mail.

Students can also be registered through the members' section of International Training Inc website.

When registering on-line the cards will be returned in the mail unless the facility has an in-store certification card printer. When using the instore certification card printer, certification cards are printed and issued immediately to the students

1.2 General Liability Release and Express Assumption of Risk Form

Use this form to obtain the general liability release and assumption of risk from the students. Make sure to review the contents before starting on a course or specialty to ensure it has been completed and signed – including the signature of a witness. *Each course the student participates in requires a separate waiver release.*

Part 4: TDI Forms

1.3 General Liability Release and Express Assumption of Risk Form – for non-SCUBA courses

Use this form to obtain the general liability release and assumption of risk from students enrolled in non-diving courses. Make sure to review the contents before starting on a course or specialty to ensure it has been completed and signed – including the signature of a witness. *Each course the student participates in requires a separate waiver release*.

1.4 Notice To The Minor Child's Natural Guardian

Use this form when teaching or supervising minors in the US state of Florida. This release is used in conjunction with the appropriate liability release for the specified activity or course.

1.5 Divemaster Registration

Use this form to file for diversater rating.

1.6 Instructor Registration Form

Use this form to file for instructor ratings.

1.7 Accident Report Form

Use this form to file information regarding an accident with TDI Headquarters.

1.8 Academic Presentation Form

This form can be used to help prepare for the academic portion of a class.

1.9 In-Water Presentation Form

Use this form when preparing for the confined portion of a class.

1.10 Rebreather Course Evaluation Form

Use this form when teaching the in-water portion of a rebreather class.

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Part 4: TDI Forms

1.11 Member Update Form

Use this form when renewing if a membership or teaching status has lapsed after 2 years not teaching.

1.12 Medical Information / Guidelines to the Physician Forms

Use this form to obtain medical information from the students. Make sure to review the contents before starting on a course or specialty. Should the student mark yes to any item on the questionnaire, the *Guidelines to the Physician and the Physician* sign-off pages are included with this form.

1.13 Diver Training Record

Use this folder to document, and retain, all training records for a TDI Diver.

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Technical Diver Registration Form

1321 SE Decker Ave Stuart, FI 34994

Phone: 888-778-9073 Fax: 877- 436-7096Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment				
AMEX, MasterCard, Visa, Check or Money Order Make Checks Payable to International Training				
Exp. Date:				
Signature:				. [
Course: Che	eck only ONE co	urse per	diver registrati	ion form.
☐ Intro to Tech ☐ Nitrox ☐ Advanced Nitrox ☐ Decompression Proced ☐ Extended Range ☐ Advanced Wreck ☐ Trimix ☐ Advanced Trimix ☐ Sidemount ☐ Other (Please specify):	ures	☐ Ai ☐ Ai ☐ Mitro ☐ Adva ☐ O ₂ Si ☐ Cave	to Cave	/ 150 ft) ft) 100 m / 330 ft) er
CERTIFICATION All diver c-cards & certifi	· 	- —	•	efer to current price list) Iditional shipping outside of U.S.
Print name as it is to appear on C-Card		ete mailing add ty, State and Z		Phone number E-mail address
DOB (mm/dd/yyyy):				
Course completion date (mm/dd/yy)	:		2 nd Inst./Asst. by:	#:
☐ Freshwater Max training ☐ Saltwater Metres ☐ F	•		Location/Facility:	
Instructor Name: Facility Number:				
Instructor's TDI #:		Ship To Address: Facility Student (s) Instructor		
I certify that the above named stutraining course indicated and have required by TDI Standards before addition, I agree to void all cards	re reached the proficience issuing these certificat not issued within six mo	cy level ions. In onths.	Instructor Signature ((Required on each Form) Date Signed



International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom. _ (specify Course or Specialty) training program under sanction through TDI. Please read carefully, fill in all blanks and initial each paragraph before signing at bottom. , hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities. Further, I understand that diving with compressed air, oxygen enriched air (nitrox), oxygen, or trimix supplied by standard open circuit scuba, semiclosed or fully closed circuit rebreathers involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site. I understand and agree that neither my instructor(s) _ , the facility through which I received my ____, International Training and Technical Diving International, nor the officers, directors, instruction, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen. I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me. I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from. I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I further state that I am already a qualified and certified scuba diver from the following training agencies:_ that I hold training to the level of ________ . I am aware of the required certification level and/or experience necessary and recommended to enroll in this diving course and I stipulate I meet those requirements for prior certification or equivalent experience. I have been a certified diver since _____ and have been diving for _____ years for a total of _____ dives to a maximum depth of _____ ft. I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein. IT IS THE INTENTION OF ______(AND OTHERS, _____THE TR BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY , THE TRAINING AGENCY AND TECHNICAL DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. This document is required for all courses and Specialties taught under sanction by Technical Diving International. No alterations, changes, omissions or revisions may be made. Signature of Student/Participant Signatures of Parents or Guardians (where applicable)_____ Witness Signature







International Training

GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

Directions: Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

For Non-SCUBA Courses Only (specify course) training program under sanction through International Training. , hereby affirm that I have been advised and thoroughly informed of the inherent hazards of service technician activities and participation in service technician courses. Further, I understand that working with pressurized cylinders, cleaning chemicals, sharp tools, fill stations and compressor systems involves certain inherent risks including, but not limited to, bodily injury, chemical burns, cuts, blunt trauma and back injury. Such injuries can occur that require treatment by a trained medical professional or medical facility. I further understand that these courses can be at remote sites, and isolated by time and distance, from such trained medical professional or medical facility. I still choose to proceed with such courses in spite of the absence of a trained medical professional or medical facility in proximity to the training location. ______, nor any of the respective employees, officers, agents _____, or International Training. (hereinafter referred to as "Released Parties") may be held I understand and agree that neither the instructor _ liable or responsible in any way for any injury, death, or other damages to me or my estate, family, heirs, or assigns that may occur as a result of my participation in this activity or as a result of the negligence of any party, including the Released Parties, whether passive or active. In consideration of being allowed to participate in this activity I hereby personally assume all risks in connection with said activity, for any harm, injury, death or damage that may befall me while I am a participant including all risks connected therewith, whether foreseen or unforeseen. I further agree to save, defend, indemnify, and hold harmless said Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my participation including claims arising during this activity even if such claims may be groundless, false or fraudulent. I also understand that service technician, cylinder inspection, and gas blending activities are physically strenuous and that I will be exerting myself and that if I am injured as a result of exertion, heart attack, panic, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said Released Parties for any such injuries incurred by me. I understand that I may be required to furnish some of my own equipment and that I am responsible for its operating condition and maintenance. I understand that I may be supplied with certain items of service equipment and that I am responsible for reviewing its proper function and operating condition prior to using it. I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or I am aware of the required certification level and/or experience necessary and recommended to enroll in this activity and I stipulate that I meet requirements for prior certification or equivalent experience. I agree that all terms of and any disputes relating to this agreement shall be governed by the laws of the State of Florida, USA. I agree that if I choose to breach this agreement by bringing a lawsuit or other claim for damages or injunctive relief of any kind, that the U.S. District Court for the Southern District of Florida shall have exclusive jurisdiction over any such matter. I further agree that I waive any right I may have to a trial by jury and any claim shall be brought no later than one (1) year from the date of accident, incident or occurrence upon which the lawsuit or other claim for relief is brought. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein. BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY IT IS THE INTENTION OF INSTRUCTORS, ASSISTANTS, _ THE BUSINESS, _, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS. No alterations, changes, omissions or revisions may be made. Signature of Student/Participant___ Signatures of Parents or Guardians (where applicable)_____ Witness Signature_____









Who should fill out this Addendum and when should it be used:

- The Natural Guardian of any minor (under 18 years of age) at the start
 of a training course or supervised activity under the: Scuba Diving
 International, Technical Diving International, Performance Freediving
 International, or First Response Training International brands.
- 2. The Natural Guardian of a minor (under 18 years of age) participant in a training course or supervised activity taking place in the state of Florida.
- The Natural Guardian of any minor (under 18 years of age) at the start of a training course or supervised activity under the: Scuba Diving but is to be used in conjunction with.
 - 4. This Addendum must be completed, in conjunction with the applicable liability release form, prior to the start of any training or supervised activity involving a minor in the state of Florida.

v1220

READ THIS FORM COMPLETELY AND CAREFULLY.
YOU ARE AGREEING TO LET YOUR MINOR CHILD
ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY.
YOU ARE AGREFING THAT, EVEN IF (name of released party or

YOU ARE AGREEING THAT, EVEN IF (name of released party or
parties)USES
REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A
CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED
BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE
CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT
BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE
GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER
FROM (name of released party or parties)
IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH,
TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS
FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY.
YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND (name of
released party or parties)HAS
THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU
DO NOT SIGN THIS FORM.
By my signature, I release all claims that both they and I have. No alterations, changes, omissions or revisions may be made.
Print Minors full name
Natural Guardian's signature Date:/
Printed name of Natural Guardian



Divemaster Registration Form

1321 SE Decker Ave Stuart, FI 34994

Phone: 888-778-9073 Fax: 877-436-7096

Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment			
AMEX, MasterCard, Visa, Check [or Money Order [] (Make Checks Payable to TDI)		
	Exp. Date:		
Signature:			
	nstructor or facility. Additional shipping outside of U.S. Refer to current price list		
Current SDI Divemaster #			
Print Name As It Is To Appear On Certification Card			
DOB (mm/dd/yyyy):			
Complete Mailing Address (including City, State and Zip Code)			
Phone Number			
E-mail Address			
Course Completion Date (mm/dd/yy):	2 nd Inst./Asst. by: #:		
☐ Freshwater Max training depth: ☐ Saltwater Meter ☐ Feet ☐:	Location/Facility:		
Instructor's TDI #:	Facility Number:		
Instructor Name:	Ship To Address: Facility Instructor		
I certify that the above named students have completed the TDI training course indicated and have reached the proficiency level required by TDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.	Instructor Signature (Required on each Form) Date Signed		
Copyright © 2002, 2006 by Technical Diving International			



Instructor Registration Form

1321 SE Decker Ave Stuart, FI 34994
Phone: 888-778-9073 Fax: 877- 436-7096

Email y	worldhq@tdisdi.com tdisdi.com		
Method of Payment			
AMEX ☐, MasterCard ☐, Visa ☐, Check ☐ o	r Money Order Make Checks Payable to International Training		
	Exp. Date:		
Signature:			
	□ Decompression Procedures □ Trimix □ Advanced Gas Blender □ Helitrox Deco Procedures rate form for each level and type of payment.)		
Certificates & cards are sent directly to the i	nstructor or facility. Additional snipping outside of 0.5.		
Certification Fee: * *Refer to current price list	Instructor Upgrade Fee: * Specify Upgrade Rating:		
Current Instructor Number (if upgrading): Print name as it is to appear on certification card DOB (mm/dd/yyyy): Complete mailing address (including City, State and Zip Code)			
Phone number			
E-mail address			
Course Completion Date (mm/dd/yy):	2 nd Inst./Asst. by: #:		
☐ Freshwater Max training depth: ☐ Saltwater Metre ☐ Feet ☐:	Location/Facility:		
Instructor Trainer's TDI #:	Facility Number:		
Instructor Trainer Name:	Ship To Address: Facility Instructor Trainer Instructor		
I certify that the above named students have completed the TDI training course indicated and have reached the proficiency level required by TDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months. Instructor Trainer Signature (Required on each Form) Date Signed			
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Diving Accident / Incident Report

1321 SE Decker Ave Stuart, FI 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

The information contained within all of the pages that make up this document is <u>CONFIDENTIAL</u> and <u>PRIVILEGED</u>. Said information is intended solely for the use of the individual to whom it is directed. If the recipient is a person / business other than those listed, you are hereby notified that any dissemination, copying, or other use of this communication is strictly prohibited. If you have received this document in error, please notify TDI (Technical Diving International) immediately at (888)778-9073and destroy this document immediately thereafter. Thank you for your cooperation and courtesy in relation to this matter.

Please print o	r type clearl	y. It is extremely important that you fill in this form COMPLETELY!	
Date of Accident:		Name of Victim:	
Location of Accident:			
Address of Victim:			
Sex:	Age:	Was this an Instructional or Supervised Dive?	
Check all items applicable. Other (describe):	Fatality:	Bodily Injury: Bends: Embolism: Non-Injury:	
Describe the diving experien	nce of the victim	r; was he or she a student? Novice diver? Experienced diver?	
Describe the injuries suffere	ed by the victim:		
Please provide all details re	garding weather	r conditions (water, visibility, wind, waves etc.):	
Please provide details of an	y equipment fail	ure:	
Please describe any rescue or emergency procedures used and first aid given:			
Please list any other emergency personnel / Agencies that attended:			
Narrative Report: Describe the accident and the events leading up to it with your best overview, including the roles of the participants. Use additional pages if needed to give a complete account:			
Your Name:		Your TDI Number:	
Your Address:			
Your Telephone Number.	Day:	Evening:	
Please describe your currer	nt diving status (i	i.e. Active Instructor, Divemaster etc.):	
Describe your personal participation in the incident (i.e. were you instructing the victim, a witness, called on to assist, etc.):			
Please list the names, addre	esses and phone	e numbers of all other participants, witnesses. Use additional sheets if needed:	

Revision 6.1, 11/17/11



Academic Presentation

1321 SE Decker Ave Stuart, FI 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

Topic:
Introduction: (Put your name and cert # SDI – xx, on the white board) – let students introduce themselves)
Time for presentation itself, Hours: Minutes:
Attention getting step: Objective: Importance / Value: Outline: Key Points:
Presentation Body:
Summary:
Review key points:
Restate importance
Objectives tested (student interaction, eye contact, etc.):
Any questions?
Knowledge quest review (Review to 100% comprehension.)
Continuing education class schedule (upcoming courses)
Be Friendly and Professional!

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Revision 1.1, 11/17/11



In-Water Presentation

1321 SE Decker Ave Stuart, FI 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhg@tdisdi.com www.tdisdi.com

Introductions (Your name, your divemaster's name – dive teams)

Time for presentation itself, Hours: Minutes:

- 1. Site briefing (pool, confined water, open water)
- 2. Emergency procedures
- 3. Description of site and site conditions (currents, boat traffic, features, etc)
- 4. Review hand signals
- 5. Skills to be conducted including buddy teams and pre-dive planning
- 6. Dive profile
- 7. Entry and exits

#	Skill	Importance / Value / Objective / Skill Explanation / Key-points
1		Importance/ Value: Objective: Skill explanation: Key-points:
2		Importance/ Value: Objective: Skill explanation: Key-points:
3		Importance/ Value: Objective: Skill explanation: Key-points:
4		Importance/ Value: Objective: Skill explanation: Key-points:
5		Importance/ Value: Objective: Skill explanation: Key-points:

Re-State	(for each	skill):
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Praise:

Importance / Value:

Objective: Key-points:

Test Objectives (ask questions):

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Revision 1.1, 11/17/11



Rebreather Course Evaluation Form

1321 SE Decker Ave Stuart, FI 34994

Phone: 888-778-9073 Fax: 877- 436-7096Email worldhq@tdisdi.com www.tdisdi.com

Student:			Instructor:		
Dive Number:	Date:	Dive Site:		Depth:	Time:
To complete the the following ar		thin the minimum sp	ecified dives, the stu	ident must have an aver	rage of 8 out of 10 points in
Buoyancy conti At depth During ascent At safety/deco	descent	e score:			
Propulsion Skill Overall finning Body posture Streamlining of	technique	_			
Pre-dive / post	equipment a t-dive check out to open- age auxiliary	nd configuration s circuit <i>r</i> equipment (stage cyli	inders, DSMB's, comp	ass, camera)	
Awareness: AveAware of budoNavigation andResponsive toCapable of selCapable of budoesPPO2 monitorGauge and vadesResponsive toAbility to focusOverall alertness	ly or instruct or instruct orientation signals f-rescue ddy-rescue ing live monitori equipment on dive object.	n during dive ng changes during dive			
Buoyancy con Constant loop Hypoxia drills: Hyperoxia drill Hypercapnia o Semi-closed o Flooded loops Computer failu Cell error drill Low battery dr Stage cylinder Delayed surface	s from low to trol volume skil manual flig s: manual fl irills ircuit mode drills ure drills/ala ill drills ce marker b	ht toformins ight toformins formins rm scenarios			
Student signat	ure:				

Revision 1.1, 11/17/11

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Member Name:	First	Middle	Last	
Address:				
City:	State:		Postal code: Country:	
Phone: (H)	(W)		(M)	
Birth date (mm/dd/yyyy):	E-mail:			
SDI/TDI/ERDI Member N	umber (REQUIRED):			
Date last renewed with SI	DI/TDI/ERDI:			
SDI/TDI/ERDI Facility affi	liation:			
Highest SDI/TDI/ERDI Pr	ofessional rating:			
Date of last scuba diving	medical:		(attach copy)	
Date of last CPR and first	aid certification:		(atta	ach copy)
(List of any oth			embership(s) tatus. Include student co	unt for past 2 years)
Certification: Current Status:	Age	ncy:	Certification #: Date Last Active:	1 1
Certification: Current Status:	Age	ncy:	Certification #: Date Last Active:	1 1
	Level of R	ating(s) l	Being Updated	
1:				
2:				
3:				
	Instru	ctor Trai	ner Details	
Name:			Member #:	
E-mail:			Phone:	
Copyright ® 2009 by Int	ernational Training			Revision 2.0 11/10/20

Member Update Form (Page 2 of 2)

To be used by inactive members and/or Instructor Trainers to verify renewal or update requirements

Location of Update:

Update Components

IT's Initials	nd graduation requirements for the applicable instructor level course(s). Attach notes if necessary. Subjects:
	Online Professional Familiarization Program
	SDI Standards and Procedures Review
	TDI Standards and Procedures Review
	ERDI Standards and Procedures Review
	Current Training Updates Review
	SDI Instructor Evaluation Course (required for SDI instructors updating)
	Classroom Presentation
	Confined Water Lesson
	Open Water Lesson
	Written Exam Completed (with 100% remediation as required)
	First Response Training International Programs (specify)
	TDI Open Circuit Instructor Course (specify)
	TDI SCR Instructor Course (specify)
	TDI CCR Instructor Course (specify)
	TDI Overhead Environment Instructor Course (specify)
	ERDI Instructor Course Skill Performance Requirements
	• Other (specify)
	Other (specify)
	Other (specify)
Number of a	cademic presentations completed:
Number of c	onfined water dives completed:
Number of o	pen water dives completed: Max depth:
Date update	completed:
Declaration	by Member: I fully understand and have completed all the requirements for

Declaration by Member: I fully understand and have completed all the requirements for this instructor update and am in possession of current student manuals and instructor guides for the ratings I hold. I also understand that this update does not guarantee renewal of membership or active teaching status and I am not authorized to teach SDI/TDI/ERDI programs until I have received approval from the HQ Training Department. I certify that I have no outstanding quality assurance issues with any scuba certifying agency and know of no reason that my status may not be renewed.

Signature:	Date:

Declaration by instructor trainer: I verify that the member has satisfactorily completed all the requirements of this instructor update to the level required by current SDI/TDI/ERDI Standards.

Signature:	Date:	
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Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course. Note to women:

If you are pregnant, or attempting to become pregnant, do not dive.

1. I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes O Go to Box A	No O
2. I am over 45 years of age.	Yes O Go to Box B	No O
3. I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes O*	No O
4. I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes O Go to Box C	No O
5. I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes O*	No O
6. I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes O Go to Box D	No O
7. I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes O Go to Box E	No O
8. I have had back problems, hernia, ulcers, or diabetes.	Yes O Go to Box F	No O
9. I have had stomach or intestine problems, including recent diarrhea.	Yes O Go to Box G	No O
10. I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine/Lariam).	Yes O*	No O

Participant Signature	
If you answered <i>NO</i> to all 10 questions above, a medical evaluation is not required. statement below by signing and dating it.	Please read and agree to the participant
Participant Statement: I have answered all questions honestly, and understand that I a resulting from any questions I may have answered inaccurately or for my failure to discl	
Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (dd/mm/yyyy)
Participant Name (Print)	Birthdate (dd/mm/yyyy)
Instructor Name (Print)	Facility Name (Print)

^{*} If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name_		Birthdate _	
	(Print)	_	Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes O*	No Q
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes O*	No Q
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes O*	No O
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes O*	No O
A diagnosis of COVID-19.	Yes O*	No O
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes O*	No O
I have a high cholesterol level.	Yes O*	No Q
I have high blood pressure.	Yes O*	No O
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes O*	No O
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes O*	No O
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes O*	No O
Recurrent sinusitis within the past 12 months.	Yes 🔿*	No O
Eye surgery within the past 3 months.	Yes O*	No O
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes O*	No O
Persistent neurologic injury or disease.	Yes O*	No O
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes O*	No Q
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes O*	No O
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes O*	No Q
Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes O*	No O
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes O*	No Q
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care.	Yes O*	No O
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes O*	No O
Doug I have the de		
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes O*	No Q
Back or spinal surgery within the last 12 months.	Yes O*	No O
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes O*	No O
An uncorrected hernia that limits my physical abilities.	Yes O*	No O
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes O*	No O
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes O*	No O
Dehydration requiring medical intervention within the last 7 days.	Yes O*	No 🔿
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes O*	No O
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes Q*	No O
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes O*	No O
Bariatric surgery within the last 12 months.	Yes O*	No O

^{*}Physician's medical evaluation required (see page 1).

Diver Medical | Physician's Evaluation Form

Participant Name		Birthdate
-	(Print)	Date (dd/mm/yyyy)
freediving training or ac		I suitability to participate in recreational scuba diving or ance on medical conditions as they relate to diving. Review
Evaluation Result	t	
☐ Approved – I find no co	onditions that I consider incompatible with recreation	nal scuba diving or freediving.
☐ Not approved — I find co	onditions that I consider incompatible with recreation	nal scuba diving or freediving.
	Physican's Signature	Date (dd/mm/yyyy)
Physician's Name		Specialty
Trysician s wante	(Print)	
Clinic/Hospital		
· · ·		
Address		
Phone	Email	
	Physician/Clinic Stamp	(optional)
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	Created by the <u>Diver Medical Screen Committee</u> in	a association with the following bodies: The
	Undersea & Hyperbaric Medical Society	

2020 **3 of 3**

Hyperbaric Medicine Division, University of California, San Diego

DAN (US)









Diving Medical Guidance to the Physician

These guidelines are typically used by physicians who have been approached by an individual wishing to take part in recreational scuba diving or freediving. They will usually have completed a WRSTC Diver Medical Participant Questionnaire.

Recreational scuba diving and freediving (hereafter "diving") is performed safely by many people. The risks associated with diving may be increased by certain physical conditions, and the relationship to diving may not be readily appreciated by candidates. Thus, it is important to screen divers for such conditions.

A physical examination for diving focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation with subsequent arterial gas embolization, and other conditions such as loss of consciousness, which could lead to drowning. Additionally, divers must be able to withstand some degree of thermal stress, the physiological effects of immersion, and have sufficient physical and mental reserves to deal with normal diving and possible emergencies.

The history, review of systems, and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not exhaustive, but contains the most commonly encountered medical problems. The brief introductions serve as an alert to the nature of the risk posed.

The potential diver and his or her physician must weigh the benefits to be had by diving against an increased risk of injury or death due to the individual's medical condition. As with any recreational activity, there are limited data for diving with which to calculate the mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of injury compared with the general population. The consultants involved in drafting this document would generally discourage a candidate with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgment on an assessment of the individual candidate. **Temporary Risk** refers to medical problems which may preclude diving but are temporary in nature, allowing the individual to dive after they have resolved.

Following many of the sections is a short list of references that give more information on the topic. The lists are not exhaustive, but examples that may be of particular relevance.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the candidate's status. A list of references is included to aid in clarifying issues that arise.

The following sections are included in this document (click to jump to section):

BEHAVIORAL HEALTH

CARDIOVASCULAR SYSTEMS

GASTROINTESTINAL

HEMATOLOGICAL

METABOLIC AND ENDOCRINOLOGICAL NEURO

NEUROLOGICAL

ORTHOPEDIC

OTOLARYNGOLOGICAL

PULMONARY

BEHAVIORAL HEALTH

Behavioral health is one of the most difficult aspects of diver candidate evaluation, because many relevant potential problems may not be apparent and are not easily assessed in an office consultation. This is also an aspect of evaluating suitability for diving in which the diving instructor, who observes the candidate in the field, must also play a part.

The diving candidate must be capable of learning and applying a theoretical knowledge base for diving. Significant intellectual handicap is incompatible with independent diving.

Motivational and behavioral traits should be considered if there is obvious related history or problems become apparent during training. Candidates who appear unmotivated, irresponsible, or prone to distraction or panic should be discouraged from diving.

A history of psychiatric disease is not in and of itself disqualifying. Psychotropic medications can be problematic if they are associated with altered level of awareness or sedation, or may alter seizure threshold, (e.g., benzodiazepines, narcotics). What is of primary importance is the individual's current psychological state, and anticipated impact of their mental/psychological history relative to their ability to navigate the potential and anticipated challenges and stresses of diving. The level of baseline mental health, with or without medication, is therefore of greater importance than the theoretical effects of a given medication or class of medications while diving.

Candidates with major depression, bipolar disorder, psychoses, or current drug or alcohol abuse should not dive. Even if a candidate is well controlled on medication (see below for discussion of SSRIs), there may be risks associated with the use of potent antidepressant and antipsychotic drugs in the underwater environment. The tendency for potent psychotropic drugs to impair concentration and cause drowsiness is of particular concern, as is their potential to lower the seizure threshold, and the lack of research data evaluating potential interactions with the pressure environment. Candidates with a past history of major psychiatric problems or drug/alcohol abuse who are stable without medication and withdrawn from drugs and alcohol can be considered on a case-by-case basis, preferably by a physician trained in diving medicine.

Perhaps the most challenging group of candidates from a behavioral perspective in the modern context is those with "mild" depression (those who have never been hospitalized for psychiatric treatment or placed on psychiatric hold or attempted self-harm) or those with mood disturbances treated with selective serotonin reuptake inhibitors (SSRIs). The general use of SSRIs has increased dramatically over recent years in many countries. There are no data describing use of SSRIs among divers, but anecdotally the numbers are significant. Concerns over diving while using SSRIs relate to the disorder being treated and to the potential interaction between the drug and diving. There are many candidates taking these drugs whose mild mood disturbance would not of itself constitute a reason to avoid diving. Evaluation of the potential for an interaction between SSRIs and diving is more difficult. There are no published reports of apparent problems despite what is almost certainly a large number of divers using them. Diving while taking an SSRI is probably acceptable provided that: the treated mood disturbance was mild prior to treatment and has been well controlled by the drug; the drug has been used for at least one month without evidence of relevant side effects; and the candidate is fully counseled about (and accepting of) the relevant risks. If the candidate is considering diving beyond the traditional recreational envelope or using gases other than air, he or she should consult an appropriate diving medicine specialist.

There are also potential risks associated with other drugs used to treat psychiatric conditions, including serotoninnorepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), and atypical agents (including bupropion). Candidates on these medications should be evaluated on a case-by-case basis.

Severe Risk Conditions

- Active major depression, bipolar or psychotic disorder
- History of panic attacks
- Drug or alcohol abuse
- Severe intellectual handicap

Relative Risk Conditions

- Questionable motivation to dive solely to please spouse, partner or family member, or to prove oneself in the face of personal fears
- Developmental delay/Cognitive impairment
- Anxiety disorder
- History of drug or alcohol abuse
- History of major depression, bipolar, or psychotic disorder
- Use of psychotropic medications
- Claustrophobia or agoraphobia

CARDIOVASCULAR SYSTEMS

Diving places increased demands on the heart. Immersion itself results in an increase in cardiac preload, as does peripheral vasoconstriction with an increase in blood pressure. These changes are typically accompanied by sustained mild to moderate exercise. Perhaps not surprisingly, almost 30% of recreational diving fatalities have a cardiac event as the disabling injury. It follows that the primary goals of evaluating the cardiovascular system in a diving candidate are to identify those who appear to be at risk of myocardial ischemic events, myocardial insufficiency, or other cardiac events (such as arrhythmias) that might disable a diver underwater, and to establish that the candidate has an adequate exercise capacity for diving.

With the above in mind, some cardiac diagnoses are considered to render a candidate unsuitable for diving, including: untreated symptomatic coronary artery disease, dilated or obstructive or previous stress cardiomyopathy, congestive heart failure, moderate or worse pulmonary hypertension, long QT syndrome or other arrhythmia-inducing channelopathies, paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity, poor exercise capacity of apparent cardiac origin, moderate to severe valvular lesions, complex congenital cardiac disease, atrial septal defect, and the presence of an implanted cardiac defibrillator.

Potential candidates with any of the following should be investigated to exclude a disqualifying condition:

- Exertional chest pain, dyspnea, palpitations, or syncope
- Unexplained syncope/near syncope
- Heart murmur
- Hypertension
- Family history of premature death (sudden/unexpected or cardiac) before age 50, cardiac disease before age 50, cardiomyopathy, arrhythmia, or channelopathy

It is strongly recommended that these candidates be evaluated in consultation with a physician trained in diving medicine and possibly a cardiologist. Successful treatment of disqualifying cardiac disorders may result in a candidate becoming suitable for diving. For example, a candidate with coronary artery disease (including previous myocardial infarction) who has been successfully revascularized may be suitable for diving if inducible ischemia can be excluded and adequate exercise capacity demonstrated (for example, in an exercise stress test). The capacity to sustain exercise at 6 MET (metabolic equivalent of task; 1 MET approximates resting metabolic rate, assumed to approximate an oxygen consumption of 3.5 mL/kg/min; 6 MET approximates an effort of six times resting metabolic rate, approximating an oxygen consumption of 21 mL/kg/min is a pragmatic expectation for a recreational diver, but there may be an occasional need to exercise transiently at higher levels during diving. Similarly, a candidate with a history of paroxysmal arrhythmia who has undergone successful pathway ablation may be suitable for diving. Candidates with any of the above diagnoses who wish to consider diving after appropriate treatment are best referred to a physician trained in diving medicine for evaluation.

Asymptomatic candidates over 45 years of age with risk factors for coronary artery disease should undergo evaluation by a physician. Individuals with a predicted 5-10 year risk of a cardiovascular event >10% using a cardiac risk calculator should be investigated for coronary disease unless they provide a credible history of exercise capacity which renders significant coronary disease very unlikely. A coronary calcium score is a suitable initial investigation, and a myocardial perfusion scan, stress echocardiogram, or CT coronary angiogram should be considered in following up a positive calcium score. Consideration of a tailored investigation pathway for the individual diving candidate is ideally undertaken by a cardiologist in consultation with a physician trained in diving medicine. Candidates who prove to have inducible ischemia or obstructive lesions justifying intervention should not dive until completion of the intervention and demonstration of its success. Candidates with non-obstructive coronary disease not requiring invasive intervention should have aggressive management of risk factors and may be suitable for diving if adequate exercise capacity can be demonstrated. Although an exercise ECG is relatively insensitive to early coronary disease, it has the advantage of demonstrating exercise capacity and can be modified to test sustained exercise at 6 MET.

Left ventricular hypertrophy (LVH) is a risk factor for arrhythmias, which may be induced by exercise or immersion. Candidates for diving with this condition should be counseled about the risks of diving.

A patent foramen ovale (PFO) that exhibits right-to-left shunting with no or minimal provocation is a risk factor for serious neurological decompression sickness. In established divers, such lesions are usually discovered by bubble contrast echocardiography conducted after a relevant episode of decompression sickness. These divers are usually advised either to cease diving, modify their diving to reduce venous bubble formation (venous bubbles crossing from right to left are almost certainly the vectors of harm in this setting), or to have the PFO repaired. Occasionally, new diver candidates have a previously discovered PFO, and in such cases an objective assessment of the shunting behavior of the lesion is required in order to adequately counsel the candidate about the implied risks in diving. If not already done, this is best achieved using bubble contrast transthoracic echocardiography at rest and with provocative maneuvers. It is strongly recommended that the results of such tests are discussed with a physician trained in diving medicine. Routine screening of all diving candidates for PFO is not recommended.

In relation to some specific cardiovascular diagnoses: Treated hypertension with adequate control is acceptable in diving in the absence of other risk factors that would meet a risk threshold indicating screening for coronary artery disease. Atrial fibrillation that is adequately rate-controlled in a candidate without inducible myocardial ischemia and who exhibits adequate exercise capacity is acceptable in diving. However, many such candidates are anticoagulated and the risks of diving whilst anticoagulated would need to be understood and carefully considered by the candidate. This is best achieved through discussion with a physician trained in diving medicine.

Immersion pulmonary edema is a problem that has been seen in swimmers, compressed gas divers, and freedivers. The condition may be under-diagnosed. Risk factors include hypertension, valvular disease, diastolic dysfunction, cardiomyopathies, pulmonary hypertension, hyperhydration, immersion, cold stress, constrictive garments, exercise, and for compressed gas divers, increased breathing resistance (affected by equipment, gas density, and body position), and for freedivers, pulmonary squeeze due to compression during descent. A single episode of immersion pulmonary edema may contra-indicate further diving if no modifiable risk factors are found. Repetitive cases represent a strong contra-indication. A diver or new diving candidate with such a history should be referred to a physician trained in diving medicine for discussion of the relevant issues.

Candidates with pacemakers may be able to dive, though pacemaker-dependent candidates should consider the risks carefully. The pathologic process that necessitated the pacemaker should be considered as should the candidate's functional capacity (see above). Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving. Devices vary in this regard, but diving beyond 30 meters/100 feet with any of them is unwise.

Severe Risk Conditions

- Untreated symptomatic coronary artery disease
- Dilated or obstructive cardiomyopathy
- Heart failure
- Pulmonary hypertension
- Long QT syndrome or other arrhythmia-inducing channelopathies
- Paroxysmal arrhythmias causing unconsciousness or impairment of exercise capacity
- Poor exercise capacity of apparent cardiac origin
- Moderate to severe valvular lesions
- Complex congenital cardiac disease
- Atrial septal defect
- Presence of an implanted cardiac defibrillator
- Multiple episodes of immersion pulmonary edema

Relative Risk Conditions

- Treated coronary artery disease
- Collectively, risk factors such as age >45 years, hypertension, smoking, elevated cholesterol and a positive family history may indicate investigation for coronary artery disease
- History of dysrhythmias requiring medication for suppression
- Mild valvular lesions (need periodic re-evaluation)
- Cardiac prostheses or arrhythmias requiring anticoagulation
- Pacemakers
- Single previous episode of immersion pulmonary edema
- Marfan syndrome or other connective tissue disorder (severe risk if there is a history of dissection)
- Left ventricular hypertrophy

References

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GASTROINTESTINAL

In general terms, there should be no gastrointestinal conditions present that increase the likelihood of vomiting, reflux, bleeding, perforation, diarrhea, or pain. Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Trapped gas expands as the diver surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning. Dive activities may take place in areas remote from medical care, and the possibility of acute recurrences of disease must be considered.

Severe Risk Conditions

- Active inflammatory bowel disease
- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal hernia
- Gastroparesis

Relative Risk Conditions

- Inflammatory bowel disease when quiescent
- Functional bowel disorders

Temporary Risk Conditions

- Peptic ulcer disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate

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HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (eg, in hemophilia) may be difficult to distinguish from decompression illness. Thrombophilic disorders (hereditary or acquired) may facilitate vascular thrombosis and susceptibility to DCS.

Relative Risk Conditions

- Sickle cell disease
- Polycythemia vera
- Leukemia
- Hemophilia/Impaired coagulation
- Recent blood transfusion
- Recent thrombotic episodes
- Hereditary hypercoagulability conditions
 - Factor V Leiden
 - Prothrombin 20210A
 - Protein C deficiency
 - Protein S deficiency
 - Antithrombin deficiency

Temporary Risk Conditions

Prescription of anti-coagulant drugs of any kind, including platelet aggregation inhibitors

References

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METABOLIC AND ENDOCRINOLOGICAL

States of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Severe Risk Conditions

- The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, except when conducted according to the consensus guidelines for recreational diving with diabetes.
- Pregnancy: The effect of venous emboli formed during decompression on the fetus has been proven to be
 potentially detrimental to fetus health. Diving is therefore not recommended during any stage of pregnancy or for
 women actively seeking to become pregnant. (Note that in cases where pregnancy is discovered after diving, it is
 not considered grounds for termination.)

Relative Risk Conditions

- Hormonal excess or deficiency
- Obesity
- Renal insufficiency

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Held HE, Pollock NW. The risks of diving while pregnant - reviewing the research. Alert Diver. 2007; Mar/Apr: 48-51.

Pollock NW, Uguccioni DM, Dear GdeL. Diabetes and recreational diving: guidelines for the future. Diving Hyperb Med 2006; 36(1): 29-34.

NEUROLOGICAL

Neurological illnesses, especially those affecting the spinal cord and peripheral nerves, should be assessed according to the degree of functional compromise present. Any condition that diminishes the reserve capacity of the spinal cord may reduce the likelihood of a full functional recovery, should an episode of spinal decompression sickness occur. Conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, may contraindicate diving, because an exacerbation or attack of the pre-existing disease (eg, migraine headache with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure. A diagnosis of epilepsy is considered an absolute contraindication for diving.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- Epilepsy or history of seizures, other than childhood febrile seizures
- History of transient ischemic attack (TIA) or cerebrovascular accident (CVA)
- History of serious (central nervous system, cerebral or inner ear) decompression sickness with residual deficits
- Recurrent episodes of loss of consciousness or fainting

Relative Risk Conditions

Complicated migraine headaches, particularly if severe, frequent or presenting with neurological manifestations eg, motor, sensory or cognitive disturbance.

- History of head injury with sequelae other than seizure
- Herniated nucleus pulposus
- Intracranial tumor or aneurysm
- Peripheral neuropathy
- Multiple sclerosis
- Trigeminal neuralgia
- History of spinal cord or brain injury
- Parkinson's disease

References

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ORTHOPEDIC

Mobility above and under the water is an essential requirement for any sport or recreational diver. Entering the water from shore or a dive boat, underwater propulsion and exiting into a dive boat or onto shore should be possible without great difficulty.

Relative impairment of mobility, particularly on a boat or ashore with equipment weighing up to 30 kg/66 lb (or significantly more in the case of cold water or for more equipment intensive activities, for example), must be assessed. Orthopedic conditions of a degree sufficient to impair exercise performance may increase the risk.

In some cases, like amputations resulting in various degrees of disability, it would be advisable to judge case by case by a physician trained in diving medicine.

Relative Risk Conditions

- Amputation
- Scoliosis: must also assess impact on respiratory function and exercise performance

- Aseptic necrosis: possible risk of accelerated progression due to the effects of decompression
- Disc prolapse
- Habitual luxation (eg, shoulder, hip, patella)
- Degenerative joint diseases

Temporary Risk Conditions

- Back pain
- Fractures until complete healing of bone and soft tissue and positive weight bearing tests taking into consideration the weight of the used dive gear on land
- Muscle-tendon and ligament injuries
- Completion of physiotherapy/rehabilitation regimes

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OTOLARYNGOLOGICAL

Equalization of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear, and paranasal sinuses. Failure of this to occur results at least in pain and in the worst-case rupture of the occluded space with disabling and possible lethal consequences. The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes may be prone to reinjury with marked overpressurization during vigorous or explosive Valsalva maneuvers. The larynx and pharynx must be free of obstruction to airflow. The laryngeal and epiglottic structures must function normally to prevent aspiration. Mandibular and maxillary function must be capable of allowing the candidate to hold a scuba regulator mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air-filled cavities involved.

Severe Risk Conditions

- Monomeric tympanic membrane (TM)
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness
- Symptomatic nasal or sinus polyps
- Ménière's disease

Relative Risk Conditions

- Recurrent otitis externa
- Significant obstruction of external auditory canal

- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture
- Symptomatic nasal septum deviation
- Recurrent benign positional vertigo
- Otosclerosis

References

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving - part 1: otorhinolaryngological hazards related to compressed gas scuba diving: a review. JAMA Otolaryngol Head Neck Surg. 2018;144(3):252-258.

Lechner M, Sutton L, Fishman JM, Kaylie DM, Moon RE, Masterson L, et al. Otorhinolaryngology and diving – part 2: otorhinolaryngological fitness for compressed gas scuba diving: a review. JAMA Otolaryngol Head Neck Surg. 2018;144(3):259-263.

Molvaer OI. Otorhinolaryngological aspects of diving. In: Bennett PB, Elliott DH, eds. Physiology and Medicine of Diving, 5th ed. Saunders, Edinburgh, 2003. P227-P264.

Wendling J, et al. Otorhinolaryngology. In: Medical Assessment of Fitness to Dive. International Edition. Hyperbaric Editions CH 2502 Biel, 2001. Pp25-48. ISBN 3-9522284-1-9.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary over inflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: asthma, chronic obstructive pulmonary disease (COPD), cystic or cavitating lung diseases may all cause air trapping.

Undersea and Hyperbaric Medical Society and British Thoracic Society guidelines recommend that asthmatics should be advised not to dive if they have wheeze precipitated by exercise, cold, or emotion. Asthmatic individuals who are currently well controlled and have normal pulmonary function tests may dive if they have a negative exercise test. Many people with asthma have well controlled disease and are physically fit. They may, however, show minor abnormalities on spirometry at rest or after exercise. Those with a history of severe or unpredictable acute exacerbations are not fit to dive. For those without such a history, the overriding consideration is that the candidate must be physically fit and not impaired after exercise or cold air breathing, which is the normal case of gas expanding from within a scuba cylinder. The best way to assess fitness is with an exercise test. Inhalation challenge tests (eg, using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving. If persons with breathing issues are cleared to dive, they need to take their regular inhalers and should not dive if suffering symptoms suggestive of exacerbation. Note that the FEV1/FVC ratio may be reduced below predicted, but provided there is no deterioration after exercise and the person performs well on the exercise test, a mildly obstructed spirometric tracing on its own is not a contraindication to diving.

A pneumothorax that occurs while diving may be catastrophic. As the diver ascends, trapped gas expands and could produce a tension pneumothorax. In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Individuals who have experienced spontaneous pneumothorax are at risk of recurrence, and should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (eg, pleurodesis, apical pleurectomy) or may not totally correct it (eg, resection of blebs or bullae). A high-resolution CT (HRCT) scan of the lungs may reveal cysts or blebs that represent a risk. Persons who have no parenchymal abnormality on HRCT and have had bilateral surgical pleurodesis (including VATS pleurodesis) may be cleared to dive. However, in most cases, a history of spontaneous pneumothorax will be an absolute contraindication to diving. Traumatic pneumothorax is not a problem as the likelihood of subsequent spontaneous pneumothorax is vanishingly low.

Structural disorders of the chest or abdominal wall or neuromuscular disorders may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

The emergence of COVID-19 has placed an additional layer of complexity related to fitness to dive evaluations. It is beyond the scope of this document to prescribe or mandate specific tests or timelines related to fitness to dive determinations. What is of importance is awareness of the potential body systems effected by COVID-19, and to take a thoughtful and thorough history related to disease course, time since the infection resolved, and state of physical and mental health at the time of the examination.

Clinical factors that are important to consider include symptom severity during the infection and need for intensive care (e.g., ventilator support). Disease severity likely correlates with the extent of pulmonary injury and potential cardiac involvement, and in the case of intubation, may be associated with severe deconditioning, muscle atrophy and even post-traumatic stress. As such, assessment of the diver with a history of COVID-19, may require more than just a pulmonary evaluation. At the time of this publication, the medical community does not have sufficient data to support arbitrary requirements for specific testing, nor duration of post-infection convalescence after which individuals can be considered safe to return to diving.

The following documents provide current guidance on investigation of COVID-19 patients prior to diving. This is an area that is evolving and updated often; please see these resources for more current information and considerations regarding these issues.

UC San Diego Guidelines for Evaluation of Divers during COVID-19 pandemic

Centers for Disease Control and Prevention, People Who Are at Higher Risk for Severe Illness

<u>European Committee for Hyperbaric Medicine and European Underwater and Baromedical Society, COVID-19 Pandemic</u> – Position Statements

For those looking for aseptic practices, the following resources may be useful:

Divers Alert Network Europe

Divers Alert Network Americas

Severe Risk Conditions

- History of spontaneous pneumothorax (see notes)
- Impaired exercise performance due to respiratory disease
- Respiratory impairment secondary to cold gas breathing
- Pulmonary hypertension

Relative Risk Conditions

- Asthma, reactive airway disease (RAD), exercise-induced bronchospasm (EIB) or COPD (see notes)
- Solid, cystic or cavitating lesion
- Pneumothorax secondary to:
 - Thoracic surgery
 - Trauma or pleural penetration (see notes)
 - Previous overinflation injury
- Obesity
- History of immersion pulmonary edema or restrictive disease
- Interstitial lung disease: may increase the risk of pneumothorax and likely to limit exertion
- Sleep apnea

References

Godden D, Currie G, Denison D, Farrell P, Ross J, Stephenson R, Watt S, Wilmshurst P. British Thoracic Society guidelines on respiratory aspects of fitness for diving. Thorax. 2003;58:3-13.

DIVERS ALERT NETWORK (DAN)

Divers Alert Network (DAN), a non-profit organization, provides medical information and advice for the benefit of the diving public. DAN is not a regulatory agency and does not set physical standards or guidelines for scuba diving. The responsibility for the decision of whether or not to dive is generally left up to the individual, the physician, as well as the dive provider. This decision, however, should be based on the most current diving medical information available.

DAN may be able to provide current medical literature and information that can be used to assist in this decision-making process. If desired, DAN may also provide referrals to local physicians who are knowledgeable in dive medicine and physiology. However, DAN cannot and does not decide whether an individual may or may not participate in the sport of scuba diving. For more information, please feel free to contact one of the DAN offices listed below.

DAN (US)

Physicians and other medical professionals associated with DAN are available for consultation by phone, during normal business hours Monday through Friday, 8:30 AM to 5:00 PM Eastern Time US.

+1-919-684-2948 ext. 6222

www.DAN.org

DAN Europe (Italy)

+39-085-8930333

www.DANEurope.org

DAN World (Australia)

+61-3-9886-9166

www.DANAP.org

DAN Southern Africa (South Africa)

+27-11-266-4900

www.DANSA.org

DAN Japan (Yokohama)

+045-228-3066 Medical Information Line service is provided in Japanese only.

www.danjapan.gr.jp

Student Info:		Perso	Personal and Confidential	dential		Print Clearly		
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Technical Diver Training Record

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Student Letter of Agreement:

The student agrees that all of the academic and open water requirements for TDI's course have been successfully fulfilled by himself/herself. As indicated by the signature below, the student is mentally and physically prepared to engage in open water diving activities without the direct supervision of an instructor, provided the area and conditions approximate those in which the diver was trained. In addition, the student recognizes the need for additional training in order to dive under any other circumstances and after periods of diving inactivity.

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Course Evaluation:

I instructors strive to provide the best education and training materials in the business. We value your comments and suggestions: This information may hared with the training department.

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GENERAL LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK

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	Witness	Date	Month / Day / Year	



Diver Medical

Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course. Note to women: If you are pregnant, or attempting to become pregnant, do not dive.

1.	I have had problems with my lungs/breathing, heart, blood, or have been diagnosed with COVID-19.	Yes □ Go To Box A	No □
2.	I am over 45 years of age.	Yes ☐ Go To Box B	No □
3.	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes □*	No □
4.	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes ☐ Go To Box C	No □
5.	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes □*	No□
6.	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes ☐ Go To Box D	No 🗆
7.	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning disability.	Yes □ Go To Box E	No □
8.	I have had back problems, hernia, ulcers, or diabetes.	Yes ☐ Go To Box F	No □
9.	I have had stomach or intestine problems, including recent diarrhea.	Yes □ Go To Box G	No □
10.	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam).	Yes □*	No 🗆

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)	Date (dd/mm/yyyy)
Participant Name (Print)	Birthdate (dd/mm/yyyy)
Instructor Name (Print)	Facility Name (Print)

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions in boxes A - G below, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Box A – I have/have had:		
Chest surgery, heart surgery, heart valve surgery, stent placement, or a pneumothorax (collapsed lung).	Yes □*	No □
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes □*	No □
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes □*	No 🗆
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes □*	No □
A diagnosis of COVID-19.	Yes □*	No □
Box B – I am over 45 years of age AND:		
I currently smoke or inhale nicotine by other means.	Yes □*	No □
I have a high cholesterol level.	Yes □*	No □
I have high blood pressure.	Yes □*	No □
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes □*	No 🗆
Box C – I have/have had:		
Sinus surgery within the last 6 months.	Yes □*	No □
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes □*	No □
Recurrent sinusitis within the past 12 months.	Yes □*	No □
Eye surgery within the past 3 months.	Yes □*	No □
Box D – I have/have had:		
Head injury with loss of consciousness within the past 5 years.	Yes □*	No □
Persistent neurologic injury or disease.	Yes □*	No □
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes □*	No □
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes □*	No □
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes □*	No □

Box E – I have/have had:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes □*	No 🗆
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes □*	No □
Been diagnosed with a mental health condition or a learning/ developmental disorder that requires ongoing care.	Yes □*	No □
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes □*	No 🗆
Box F – I have/have had:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes □*	No □
Back or spinal surgery within the last 12 months.	Yes □*	No □
Diabetes, drug- or diet-controlled, OR gestational diabetes within the last 12 months.	Yes □*	No □
An uncorrected hernia that limits my physical abilities.	Yes □*	No □
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes □*	No □
Box G – I have had:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes □*	No 🗆
Dehydration requiring medical intervention within the last 7 days.	Yes □*	No □
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes □*	No 🗆
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes □*	No 🗆
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes □*	No □
Bariatric surgery within the last 12 months.	Yes □*	No □



