

# INTERNATIONAL ASSOCIATION OF NITROX DIVERS, INC. - IANTD Medical Questionnaire

**INSTRUCTOR COPY** Student Information - Please Print Legibly

Name : \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## MESSAGE TO THE MEDICAL EXAMINER

Technical & Recreational Scuba diving activities with compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are physically strenuous and will cause exertion of the student during the diving course and they may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotrauma/hyperbaric injuries that can occur requiring treatment in a recompression chamber, heart attacks, panic hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other organic malfunction that may occur.

Please read each question carefully and answer them accurately. Please explain any yes answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in the IANTD, Inc. Diving Program but will require you to obtain a medical clearance from a Diving Medical Practitioner.

1. **NEUROLOGICAL CONDITIONS:** Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brains blood vessels. \_\_\_\_YES \_\_\_\_NO
2. **CARDIOVASCULAR CONDITIONS:** Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension). \_\_\_\_YES \_\_\_\_NO
3. **PULMONARY CONDITIONS:** Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. \_\_\_\_YES \_\_\_\_NO
4. **EAR CONDITIONS:** Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one ore both ears, or major ear surgery. \_\_\_\_YES \_\_\_\_NO
5. **SINUS CONDITIONS:** Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. \_\_\_\_YES \_\_\_\_NO
6. **ASTHMA:** History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing. \_\_\_\_YES \_\_\_\_NO
7. **DIABETES MELLITUS:** Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control. Any form of Diabetes that is unstable, brittle or episodes of hypoglycemia (low blood sugar reactions), Hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also history of elevated blood sugar or elevated blood during \_\_\_\_YES \_\_\_\_NO.
8. **PREGNANCY:** Are presently pregnant or may become pregnant before completing your scuba course. \_\_\_\_YES \_\_\_\_NO
9. **SCUBA DIVING CONDITIONS:** Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. \_\_\_\_YES \_\_\_\_NO
10. **MEDICATION:** Any medication taken on a regular basis either otc or prescribed by a physician. \_\_\_\_YES \_\_\_\_NO
11. **GENERAL MEDICAL PROBLEMS:** Any physical and/or emotional condition not mentioned that might affect the students safety in an underwater environment or affect the students judgment under times of stress. \_\_\_\_YES \_\_\_\_NO
12. **PLEASE EXPLAIN ANY YES ANSWER FOR QUESTIONS 1 THROUGH 11.** First list item number and then provide the explanation. Use the back of this paper, if necessary.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years of age students parent or guardian is also required to certify the forms accuracy by co-signing the form.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Student Cleared for class \_\_\_\_\_ Student Requires Medical Clearance

Instructors Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE READ AND SIGN REVERSE SIDEWARNING:** Oral or total systemic decongestants, Trans-Derm, or oral sea sickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination of, MAY cause harmful, if not fatal, reactions underwater, especially if taken too soon before diving.

I, (print students name) \_\_\_\_\_, acknowledge that I have read the above warning and that I understand, and take responsibility for my actions as regards my use or mis-use of any and all drugs during this course of Scuba Instruction.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

student signature    todays date