



MEDICAL STATEMENT page 1 (of 2)

Name: _____

**IMPORTANT – PLEASE READ **

Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. AIDA therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in freedive training. A positive response to a question does not necessarily disqualify you from freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving and you **MUST** seek the advice of a physician prior to engaging in freedive activities. The physician needs to sign at the bottom of the form to say that he/she finds no medical conditions incompatible with freediving if any „YES“ box is ticked.

Please answer the following questions on your past or present medical history by ticking the box marked **YES** or **NO**. If you are not sure, answer **YES**.

		YES	NO
1	Neurological Conditions: Especially any history of seizure disorder, stroke, brain surgery, repeated black outs or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels		
2	Cardiovascular Conditions: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure		
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		
4	Ear Conditions: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery		
5	Sinus Conditions: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection		
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 an inhaler for control of wheezing		
7	Diabetes Mellitus: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces 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.		
8	Pregnancy: If you are presently pregnant or planning to be pregnant		
9	Freediving/ Scuba Diving Conditions: Previous history of a diving accident, decompression sickness, decompression of the inner ear of air		
10	Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a physician		
11	General Medical Problems: Any physical and/or emotional condition not mentioned that might effect your safety in an underwater environment or affect your judgment under times of physical or emotional stress		

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

Signed: _____

Name of Freediver: _____
(IN BLOCK CAPITALS)

Date of Birth*: _____

Date: _____

* If the Freediver is aged less than 18 years, this must also be signed by a parent/guardian

Signature of participant's parent or guardian: _____

PHYSICIAN TO COMPLETE (If any 'YES' box from Page 1 was ticked)

- () I find no medical conditions that I consider incompatible with freediving
() I am unable to recommend this individual for freediving

Physician's Signature: _____

Physician's Name: _____
(IN BLOCK CAPITALS)

Date: _____

Physician's phone number: _____

Physician's Stamp or Postal Address:

My signature on the above verifies that I have completely reviewed this applicant's Medical Statement and find no counter-indications for freediving.