

Additional Form for Polar Scuba Divers



Please write clearly in capitals.

This information is essential for official ship's documents.

Name diver : _____

Expedition date : _____

General Medical Information

This expedition travels to remote areas without sophisticated medical facilities. Although the ship has a qualified physician and basic supplies, the nearest medical treatment is many hours, or even days away. We ask that you complete this confidential medical report so our shipboard physician is fully aware of your medical condition and needs. As stated in our terms and conditions, this expedition is intended for persons in reasonably good health. Passengers who are not fit for such an expedition for any reason, including disability, heart or other health conditions, are advised not to join the tour, which would entail an unreasonable risk to your health and to the enjoyment of all passengers aboard. Should any such condition become apparent, we reserve the right to decline to accept or retain you or any passenger at any time during the trip. You are advised to carry your own regular medications for the voyage in sufficient quantities to last – even if your arrival home is delayed for several days for whatever reason. **You are further advised that medical evacuation, if available, is expensive and may be delayed. It is mandatory to carry medical insurance that will reimburse you for these costs.**

Medical Information

Evaluate your health:

- Fair
- Good
- Excellent

Evaluate your physical condition / stamina:

- Fair
- Good
- Excellent

1. Do you have any current medical illnesses, disabilities or infirmities that have required regular care of a doctor?

2. List all medications that you are taking at this time and the dosages.

3. Have you been hospitalized or had surgery in the last five years? If so, when, and for what?

**4. Do you have any heart or respiratory problems? Are you a diabetic?
Please elaborate.**

5. Do you have any dietary restrictions, food or drug allergies? If so, what are they?

6. Do you have any physical or mental limitations, handicaps or a prosthesis?

7. Do you have difficulty in walking or use crutches, a cane or wheelchair?

Diving information

Important!

You do not need to be a qualified ice diver, but you must have diving experience in cold water +4° Celsius or below. You are required to be an experienced dry suit diver with at least 20 dives, 5 of which during the last 6 months. If our dive master feels that the diver does not have the necessary experience, he is entitled to exclude the diver from the dive program. No refund will apply.

Bring your diving certificate, logbooks and your diving medical statement with you to the vessel. Please send copies of your certificates to Waterproof Expeditions

Name as in passport	
Level of dive training	
Certificate number & organisation	
Date of issue (DD-MM-YY)	
Number of dives	
How many dry suit dives?	
When was your last dive ?	
Experience of ice diving ?	<input type="checkbox"/> No
If yes, how many ice dives?	<input type="checkbox"/> Yes
Would you like to become a certified Padi Polar Diver ?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure yet, will decide on board

Have you taken out a dive insurance?

- Yes, name of company: _____
 No

Divers Medical Questionnaire

PLEASE READ CAREFULLY BEFORE SIGNING

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during scuba diving. Your signature on this statement is required for you to participate in the dive program offered by Waterproof Expeditions.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba diving program. Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe.

To the Participant:

Please answer the following questions on your past or present medical history with YES (Y) or NO (N). If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. The purpose of this Medical Questionnaire is to find out if you should be examined by a doctor before participating in the diving program. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

1. Could you be pregnant, or are you attempting to become pregnant? **Y / N**
2. Are you presently taking prescription medications? (with the exception of birth control or anti-malarial) **Y / N**
3. Are you over 45 years of age **Y / N** Can answer YES to one or more of the following?
 - Currently smoke a pipe, cigars, or cigarettes? **Y / N**
 - Have a high cholesterol level? **Y / N**
 - Are currently receiving medical care? **Y / N**
4. Have you ever had or do you currently have
 - Frequent colds, sinusitis or bronchitis? **Y / N**
 - Any form of lung disease? **Y / N**
 - Pneumothorax (collapsed lung)? **Y / N**
 - Other chest disease or chest surgery? **Y / N**
 - Epilepsy, seizures, convulsions or take medications to prevent them? **Y / N**
 - Blackouts or fainting (full/partial loss of consciousness)? **Y / N**
 - Frequent or severe suffering from motion? (sickness, carsick, etc.) **Y / N**
5. Dysentery or dehydration requiring medical intervention? **Y / N**
6. Any dive accidents or decompression sickness? **Y / N**
7. History of recurrent back problems? **Y / N**
8. Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes)? **Y / N**
9. Head injury with loss of consciousness in the past five years? **Y / N**
10. Back or spinal surgery? **Y / N**
11. Back, arm or leg problems following surgery, injury or fracture? **Y / N**
12. High blood pressure or take medicine to control pressure? **Y/N**
13. Heart attack? **Y / N**
14. Angina, heart surgery or blood vessel surgery? **Y / N**
15. Sinus surgery? **Y / N**
16. Ear disease or surgery, hearing loss or problems with balance? **Y / N**
17. Recurrent ear problems? **Y / N**
18. Bleeding or other blood disorders? **Y / N**
19. Hemia? **Y / N**
20. Ulcers or Ulcer surgery? **Y / N**
21. Colostomy or ileostomy? **Y / N**
22. Recreational drug use or treatment for, or alcoholism in the past five years? **Y / N**

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalisation while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely. If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

THE INFORMATION I HAVE PROVIDED ABOUT MY MEDICAL HISTORY IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING MY FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITION.

Participant's Signature

Date (day/month/year)