

## Sport Diving Medical Referee Form - 2016

**New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.**

*Fees for a medical examination are the responsibility of the diver.*

### NOTES TO DIVER:

It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a medical referee (listed on <http://ukdmc.org>).

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

CAPITALS PLEASE

Name:		Date of birth:
Address:		
Postcode:	Telephone:	Occupation:
Dive organisation:	Branch:	Membership no:

### Diver Medical Health Questionnaire

1	Have you ever suffered at any time from diseases of the heart and circulation including high blood pressure (or taking tablets for high blood pressure), angina, chest pains or palpitations?	
2	Have you ever had chest or heart surgery?	
3	Have you ever had significant bleeding or blood disorders?	
4	Have you ever suffered from or had to take medication for asthma?	
5	Have you ever had collapsed lung or pneumothorax?	
6	Have you ever had any other chest or lung disease or problems?	
7	Have you ever suffered from blackouts, fainting or recurrent dizziness?	
8	Have you had regular ear problems in the past ten years?	
9	Do you have an ileostomy, colostomy, or ever had repair of a hiatus hernia?	
10	Have you ever had epilepsy or fits?	
11	Have you ever had recurrent migraines?	
12	Have you ever had any other disease of the brain or nervous system (including strokes or multiple sclerosis)?	
13	Have you had a head injury with loss of consciousness in the past 5 years?	
14	Have you ever had any back or spinal surgery? Or had any serious back problems?	
15	Have you ever had any mental or psychological illness of any kind, fear of small spaces, crowds or panic attacks?	
16	Have you had any problem with alcohol or drug abuse in the last five years?	
17	Do you have diabetes?	
18	Are you taking any prescribed medication (except the contraceptive pill)?	
19	Are you currently receiving medical care or have you consulted a doctor in the last year other than for trivial issues e.g. common cold, infection or minor injury?	
20	Have you ever been refused a diving medical certificate or life insurance or been offered special terms?	
21	Have you ever had, or been treated for, decompression illness?	

I hereby declare that I have answered 'Yes' to at least one of the questions above. I have consulted a Medical Referee and I authorise any doctor who has attended me to disclose my relevant medical history, if requested, to the Medical Referee.

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

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT PLEASE SPEAK TO A MEDICAL REFEREE FOR GUIDANCE. Divers answering 'Yes' to any question above must seek advice from a Medical Referee. Please be aware that many Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.





CAPITALS PLEASE

Name:		Date of birth:
Address:		
Postcode:	Telephone:	Occupation:
Dive organisation:	Branch:	Membership no:

### Endorsement of Self Declaration

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

Please delete where applicable:

**a** In light of the verbal and/or written statements to me I hereby endorse this self-declaration form on behalf of the applicant above.

With the following restrictions if relevant .....

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**b** Unless there is a change in the applicant's medical condition, they need not submit their self-declaration form to a medical referee:

**Indefinitely**  **or for**  **years**

(Applicant should save a photocopy of this form for future years.)

**c** Having examined the applicant,   
I have detailed my findings on the UKDMC Examination Form and I have issued a Certificate of fitness to dive.

Signature of UKDMC  
Diving Medical Referee:

GMC  
number:

Date:

Referee stamp:

Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

**Please copy only this page to your branch**