



**TWEED GOLD COAST FREEDIVERS
MEDICAL STATEMENT**



IMPORTANT – PLEASE READ

Spearfishing and/or Underwater Hockey can be strenuous activities carried out in an underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. The same physical conditions would not necessarily be a safety factor in order strenuous activities or sports. TGCFD therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in Spearfishing and/or Underwater Hockey 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 Spearfishing and/or Underwater Hockey. A positive response to a question does not necessarily disqualify you from Spearfishing and/or Underwater Hockey. A positive response means that there is a pre-existing condition that may affect your safety while participating in Spearfishing and/or Underwater Hockey and you **MUST** seek the advice of a Medical Practitioner prior to engaging in Spearfishing and/or Underwater Hockey activities. The Medical Practitioner needs to sign at the bottom of the form to say that they find no medical conditions incompatible with Spearfishing and/or Underwater Hockey 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**

NAME OF MEMBER:

	Condition	Yes	No
1	Medication: Any medication taken on a regular basis either over-the-counter or prescribed by a Medical Practitioner. If yes, please specify:		
2	Mental and Mood Conditions: Current or history of mental illness or mood disorder including, but not limited to schizophrenia, paranoid disorder, bouts of hysteria. If yes, please specify:		
3	Neurological Conditions: Including, but not limited to any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels. If yes, please specify:		
4	Cardiovascular Conditions: Including, but not limited to heart attack, heart surgery, irregular heartbeat, pacemaker, uncontrolled elevated blood pressure. If yes, please specify:		
5	Pulmonary Conditions: Including, but not limited to asthma, history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, sever damage to lung tissue, emphysema, any lung problem which interferes with your ability to breathe. If yes, please specify:		
6	Ear, nose and throat Conditions: Including, but not limited to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, persistent sinus infection, permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in ear-drums, severely impaired hearing or hearing loss in one or both ears, major ear surgery. If yes, please specify:		
7	Eye Condition: Including, but not limited to severe myopia, contact lens, retinal detachment, eye surgery. If yes, please specify:		
8	Diabetes Mellitus: 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 there is related kidney disease, eye disease, heart disease or blood vessel disease. If yes, please specify:		



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	Condition	Yes	No
9	Freediving / Scuba Diving History: Including, but not limited to previous history of a diving accident, severe blackout, decompression sickness, decompression of the inner ear of air, reverse block, lung squeeze, any lung squeeze producing pink foam, pulmonary bleeding. If yes, please specify:		
10	General Medical Problems: Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. If yes, please specify:		
11	Pregnancy: If you are presently pregnant.		

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

I am responsible for omission regarding my failure to disclose any current or past health condition.

Name of Participant

Signed _____

Date

Date of Birth

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

Signature of participant's parent or guardian:

Medical Practitioner to complete (if any "YES" box from page 1 was ticked)

I find no medical conditions that I consider incompatible with Spearfishing and/or Underwater Hockey

I am unable to recommend this individual for Spearfishing and/or Underwater Hockey

Name of Participant:

Medical Practitioner's Name:

Medical Practitioner's Signature:

Date:

Medical Practitioner's phone number:

Medical Practitioner's Stamp or Postal Address:

My signature on the above verifies that I have completely reviewed this Participant's Medical Statement and find no counter-indications for Spearfishing and/or Underwater Hockey.