

**REEF MAGIC CRUISES PTY LTD**  
**Medical Declaration Waiver Release**  
**CERTIFIED DIVERS**

**Please note – Positive** responses to questions do not necessarily disqualify you from diving. Any points of uncertainty should be discussed with the Instructor.

All information provided in this form will be kept in strict confidence.

Name			
Date of Birth		Age	
Address			
Phone number		Sex	M      F
Regular Physical Activities			
How would you rate your fitness (please circle)	Poor	Fair	Good      Excellent
Next of Kin	Next of Kin phone number		
Next of Kin address			
Certification Number	Certification Type		

**CERTIFIED DIVERS PLEASE FILL THIS OUT**

**IMPORTANT:** Are you flying within the next 24 hours? YES or NO

**Please Tick:** Have you had / or do you suffer from any of the following:-

	YES	NO	COMMENTS
Asthma or wheezing			
Chest surgery			
Chronic bronchitis			
Diabetes melitis (sugar diabetes)			
High blood pressure			
Illness or operation within the last month			
Pregnant or planning to be			
Ingested alcohol within the 8 hours prior to diving			
Are you taking prescribed medication or drugs			
Major joint / back injury			
Any medical problems not listed here (please write here)			
Fainting, seizures or blackouts			
Collapsed lung (pneumothorax)			

When was the last time you dived?	Date	How many logged dives to date?	
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**WAIVER RELEASE**

In consideration for the scuba dive being undertaken the person, for themselves and for their estate, hereby releases, discharges, waives and relinquishes any and all suits, claims, actions, causes of actions of the like against REEF MAGIC CRUISES PTY LTD ("The Company") and its servants or agents in respect of any loss or damage suffered by the person as a result of delay or cancellation of any scuba dive or for any loss or damage to the person or property of the person sustained during the scuba dive or otherwise in connection therewith including but not limiting to, loss or damage suffered during or as a result of the person having engaged in scuba diving activities whether such loss or damage was caused or contributed to by any equipment supplied and/or serviced by the Company, its servants or agents and whether loss or injury was caused or contributed to by any negligence or breach of duty on the part of the Company, its servants or agents or otherwise.

The person acknowledges that these conditions have been drawn to their attention and that they form part of the contract between the person and the Company.

Your diving Instructor will check this form. He/She may declare as a result that you need a full medical before diving. He/She may decide that you should not dive. To do so may put your life at risk or that of the Instructor. In the interest of your safety it is important that you complete all answers to every question.

**I have read and fully understand the information on this form. I certify that the information given on this form is true and correct to the best of my knowledge and that I realise that any failure on my part to provide complete and accurate information on my medical history could result in death or serious injury being suffered by me should I proceed with diving activity.**

Signature		Date	
Witness / Guardian		Date	
Under 18 years print name in full			