

Instructor No:.....

REEF MAGIC CRUISES PTY LTD

Intro card No:.....

Medical Declaration Form

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:..... 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:-.....

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

INTRODUCTORY DIVERS PLEASE FILL THIS OUT

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

	YES	NO	Comments
Asthma or wheezing			
Brain, spinal or nervous disorder			
Chest surgery			
Chronic bronchitis or persistent chest complaint			
Chronic Sinus			
Collapsed lung (pneumothorax)			
Diabetes mellitis (sugar diabetes)			
Ear surgery			
Epilepsy			
Fainting, seizures or blackouts			
Heart disease of any kind			
Recurrent ear problems when flying			
Tuberculosis or other long term lung disease			
Breathlessness during physical activity			
Chronic ear discharge or infection			
High blood pressure			
Illness or operation within the last month			
Perforated eardrum			
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			
Contact lenses			
Prescription glasses			
Physical handicap			
Any medical problem not listed here (please write here)			
Can you swim			
Are you a regular snorkeller			
Have you tried scuba diving before			

When was the last time you dived? Date:-..... How many logged dives to date?

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)