

Example of an information sheet for medical screening

Medical Statement

This is a statement in which you are informed of some potential risks involved in recreational snorkelling and of the conduct required of you during the snorkelling activities.

You must complete this Medical Statement, which includes the medical history information section, in order to enrol in the snorkelling excursion.

To the Participant:

The purpose of this medical information sheet is to inform you whether you should be examined by a physician before participating in recreational snorkelling. If any of these conditions apply to you, this does not necessarily disqualify you from snorkelling. It only means that you must seek the advice of a physician.

Please acknowledge that you have read and understood the information provided below by initialling each individual point.

Please be advised that if any of these items apply to you, for your own safety, you must consult a physician prior to participating in recreational snorkelling.

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YOU MUST CONSULT A PHYSICIAN IF:	Initials
you are pregnant, or you suspect you may be pregnant	
you regularly take medications (with the exception of birth control)	
you are over 45 years of age and one or more of the following apply	
— you smoke	
— you have a high cholesterol level	
YOU SHOULD CONSULT A PHYSICIAN IF YOU EVER HAD:	Initials
asthma, or wheezing with breathing, or wheezing with exercise	
any form of lung disease	
pneumothorax (collapsed lung)	
history of chest surgery	
claustrophobia or agoraphobia (fear of closed or open spaces)	
epilepsy, seizures, convulsions or take medications to prevent them	
history of blackouts or fainting (full/partial loss of consciousness)	
history of diving accidents or decompression sickness	
history of diabetes	
history of high blood pressure or take medications to control blood pressure	
history of any heart disease	
history of ear disease, hearing loss or problems with balance	
history of thrombosis or blood clotting	
psychiatric diseases	
I AM AWARE THAT I COULD BE UNFIT TO SNORKEL IF I HAVE OR DEVELOP DURING THE COURSE ANY OF THE FOLLOWING CONDITIONS:	Initials
cold, sinusitis, or any breathing problems (e.g. bronchitis, hay fever)	
acute migraine or headache	
any kind of surgery within the last 6 weeks	
under influence of alcohol, drugs or medications effecting the ability to react	
fever, dizziness, nausea, vomiting and diarrhoea	
problems equalising (popping ears)	
acute gastric ulcers	

pregnancy