LifeWaters:

Adaptive Diver and Dive Trip Application

☐**New diver or snorkeler**
Volunteer: ☐Dive Buddy ☐Other: _____
Trip application:_____

How were you referred to Lifewaters?_____

Are you a certified diver? ☐Yes ☐No If yes, certification number:_____

what is your highest diver certification level? _____
If yes, which agency? ☐SDI ☐ PADI ☐ SSI ☐ NAUI ☐ NASDS ☐ FMAS ☐ CMAS ☐ Other:_____
Dive experience: ☐New Diver ☐<25 dives ☐<50 dives ☐<100 dives ☐>100 dives ☐total number of dives:_____

Personal Information:
Name:_____ DOB:_____ age_____
Address:_____ City:_____
State:_____ zip:_____
Primary phone:_____ ☐Cell ☐ Home ☐ Work
Secondary phone:_____ ☐Cell ☐ Home ☐ Work
Email address:_____
Have you ever been in the service? ☐Yes ☐ No
If so, which branch: ☐Air Force ☐Army ☐ Marines ☐ Navy ☐Coast Guard
Service status: ☐Active ☐ Med Board ☐discharged/retired
Gender: ☐ Male ☐ female height:_____ weight:_____
Shirt size: ☐Small ☐Medium ☐Large ☐Large ☐XX-Large ☐Other: _____
Have you participated in trips for injured military? ☐Yes ☐No If yes, how many?_____
What organization(s) sponsored the trip? _____
Do you have a passport? ☐Yes ☐No
Do you consider yourself able to travel? ☐independently ☐with assistance
Do you consider yourself financially able to participate in a dive trip at least once a year?
Within the USA? ☐Yes ☐No Outside of the country? ☐Yes ☐No
Emergency contact information:
Emergency contact's name:_____ phone:_____
Relationship:_____ Will they be traveling with you? ☐Yes ☐No
Your primary physician's name:_____ phone:_____
Medical Insurance Provider:_____
Medical History

☐ High blood pressure	☐ Low blood pressure	☐ Autonomic dysreflexia	☐ Heart problems
☐ Lung disease	☐ Asthma	☐ Diabetes	☐ Liver problems
☐ seizures	☐ other:_____	☐ Allergies:	
Injury/disability:	☐ TBI	☐ Spinal Cord Injury	☐ Burns
☐ amputation	☐ Disfigurement	☐ Visual Impairments: list:	☐ other:_____
date of Injury:_____	Location (country) of Injury:	Recent revisions/surgeries:	Please describe the nature of your injury and how it affects you:
Medications: name, dose, frequency			

Medications cont.			
Assistive device(s):	Prosthetic use: ☐ yes ☐no Which activities:	Service animal: Breed:_____ Name:_____	Dietary restrictions: describe:
Are there any reasons to limit your participation in physical activity? ☐yes ☐no Describe if yes:	Do you have any skin breaks/open wounds at this time?☐yes ☐no History of sores?☐yes ☐no If yes, where?	What else would you like us to know?	

HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

This provision authorizing the disclosure of my medical information is intended to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards. I hereby authorize Life Waters to use or disclose all my health and medical information provided herein to the Life Waters Board of Directors, Officers, Agents, Life Waters Dive Buddies and Dive Masters, and other personnel and volunteers participating in the Life Waters activity for which I am applying to become a participant. The purpose of this authorization is to authorize the recipients identified above to use such information for all purposes associated with my participation in the Life Waters activity, including but not limited to preparing for and assisting me in my participation in such activity. This authorization will end upon completion of my participation in the Life Waters activity. I understand that I have the right to revoke this authorization, in writing, at any time, except where uses or disclosures have already been made based upon my original permission. To revoke this authorization, I must do so in writing and send it to an officer or director of Life Waters. I understand that uses and disclosures already made based upon my original permission cannot be taken back. I understand that it is possible that information used or disclosed with my permission may be re-disclosed by the recipient and is no longer protected by the HIPAA Privacy Standards. I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Release and indemnity

I hereby release and discharge LifeWaters, and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in a LifeWaters activity, including any personal injury or death or loss or damage to property, which the Participant may suffer or incur as a result of participating in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants, or administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arisingout of any injury or damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age. I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and LifeWaters.

Audio/visual consent

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "*Reproductions")* of the persons who are hereby applying for membership and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of LifeWaters and by its affiliated and associated organizations, including its directors, officers, agents, servantsand employees. I hereby grant and assign to LifeWaters the right, title and irrevocable authority and interest to such Reproductions. I waive any and all claimsfor compensation and waive any and all related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by LifeWaters, and its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same.

Consent for Emergency treatment

In the event that a Participant should sustain any injuries while participating in a LifeWaters activity or while on the premises of LifeWaters, the Participant may be examined and treated by health care personnel, including examination and treatment at medical facilities. I voluntarily consent to such examination and treatment for the Participant, and I release and forever discharge LifeWaters, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

□_____I agree to the above HIPAA Authorization, Assumption of Risk, Photo Consent and Release and Authorization of Medical Treatment.
Your Initials

_____ _____
Signature/Printed Name **Date**

_____ _____
Witness Signature/Printed Name **Date**

Thank you for your interest in LifeWaters.
After completing this form in its entirety, please email it to jcampbell@lifewaters.org or mail to 515 S Miller St., Lakewood, CO 80226
Upon receipt you will receive a call to review the information you provided to ensure you meet LifeWaters Membership qualifications.
To learn more please visit www.lifewaters.org

Medical Statement Participant Record (Confidential Information)

Please Read Carefully Before Signing

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered by

_____ and
Instructor

_____ located in the
Dive Center

city of _____ and state/province of _____ .

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks.

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Medical History

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

_____ Could you be pregnant, or are you attempting to become pregnant?

_____ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)

_____ Are you over 45 years of age and can answer YES to one or more of the following?
- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hayfever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ Other chest disease or chest surgery?

_____ Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring complicated migraine headaches or take medications to prevent them?

_____ Blackouts or fainting (full/partial loss of consciousness)?

_____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

_____ Dysentery or dehydration requiring medical intervention?

_____ Any dive accidents or decompression sickness?

_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

_____ Head injury with loss of consciousness in the past five years?

_____ Recurrent back problems?

_____ Back or spinal surgery?

_____ Diabetes?

_____ Back, arm or leg problems following surgery, injury or fracture?

_____ High blood pressure or take medicine to control blood pressure?

_____ Heart disease?

_____ Heart attack?

_____ Angina, heart surgery or blood vessel surgery?

_____ Sinus surgery?

_____ Ear disease or surgery, hearing loss or problems with balance?

_____ Recurrent ear problems?

_____ Bleeding or other blood disorders?

_____ Hernia?

_____ Ulcers or ulcer surgery ?

_____ A colostomy or ileostomy?

_____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

_____ Signature _____ Date _____ Signature of Parent or Guardian _____ Date

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STUDENT

Please print legibly.

Name _____ Birth Date _____ Age _____
First Initial Last Day/Month/Year

Mailing Address _____

City _____ State/Province/Region _____

Country _____ Zip/Postal Code _____

Home Phone ( ) _____ Business Phone ( ) _____

Email _____ FAX _____

Name and address of your family physician

Physician _____ Clinic/Hospital _____

Address _____

Date of last physical examination _____

Name of examiner _____ Clinic/Hospital _____

Address _____

Phone ( ) _____ Email _____

Were you ever required to have a physical for diving? ☐ Yes ☐ No If so, when? _____

PHYSICIAN

This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

Physician's Impression

☐ I find no medical conditions that I consider incompatible with diving.

☐ I am unable to recommend this individual for diving.

Remarks _____

_____

_____

_____ Date _____
Physician's Signature or Legal Representative of Medical Practitioner Day/Month/Year

Physician _____ Clinic/Hospital _____

Address _____

Phone ( ) _____ Email _____

Guidelines for Recreational Scuba Diver's Physical Examination

Instructions to the Physician:
Recreational SCUBA (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, Severe Risk implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. Relative Risk refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are temporary in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

Relative Risk Conditions

- Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations
- History of Head Injury with sequelae other than seizure
- Herniated Nucleus Pulposus
- Intracranial Tumor or Aneurysm
- Peripheral Neuropathy
- Multiple Sclerosis
- Trigeminal Neuralgia
- History of spinal cord or brain injury

Temporary Risk Condition

History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.

Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

Some conditions are as follows:

- History of seizures other than childhood febrile seizures
- History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)
- History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits

CARDIOVASCULAR SYSTEMS

Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

Relative Risk Conditions

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrythmias requiring medication for suppression
- Valvular Regurgitation

Pacemakers
The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

Relative Risk Conditions

- History of Asthma or Reactive Airway Disease (RAD)*
- History of Exercise Induced Bronchospasm (EIB)*
- History of solid, cystic or cavitating lesion*
- Pneumothorax secondary to:
  - -Thoracic Surgery
  - -Trauma or Pleural Penetration*
  - -Previous Overinflation Injury*
- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease*
- Interstitial lung disease: May increase the risk of pneumothorax

* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

GASTROINTESTINAL

Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

Relative Risk Conditions

- Inflammatory Bowel Disease
- Functional Bowel Disorders

Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

Relative Risk Conditions

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical cause of decompression may accelerate/escalate the progression).

Temporary Risk Conditions

- Back pain

HEMATOLOGICAL

Abnormalities resulting in altered rheological properties may the-

oretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

Relative Risk Conditions

- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

METABOLIC AND ENDOCRINOLOGICAL

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

Relative Risk Conditions

- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

Severe Risk Conditions

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at www/wrstc.com and www.diversalertnetwork.org.]

Pregnancy: The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

BEHAVIORAL HEALTH

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

Relative Risk Conditions

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

Severe Risk Conditions

- Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of personal fears
- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

OTOLARYNGOLOGICAL

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglotic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

Relative Risk Conditions

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthedontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temperomandibular joint dysfunction
- History of round window rupture

Severe Risk Conditions

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness

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2. Bove, A., & Davis, J. (1990). Diving Medicine. 2nd Edition, W.B. Saunders Company, Philadelphia, PA.
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9. Shilling, C. & Carlston, D. & Mathias, R. (eds) (1984). The Physician's Guide to Diving Medicine. Plennum Press, New York, NY.
10. Undersea and Hyperbaric Medical Society (UHMS) www.UHMS.org
11. Divers Alert Network (DAN) United States, 6 West Colony Place, Durham, NC www.DiversAlertNetwork.org
12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, www.rah.sa.gov.au/hyperbaric, telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, www.spums.org.au
16. European Underwater and Baromedical Society, www.eubs.org

ENDORSERS

Paul A. Thombs, M.D., Medical Director
Hyperbaric Medical Center
St. Luke's Hospital, Denver, CO, USA

Peter Bennett, Ph.D., D.Sc.
Professor, Anesthesiology
Duke University Medical Center
Durham, NC, USA
pbennett@dan.duke.edu

Richard E. Moon, M.D., F.A.C.P., F.C.C.P.
Departments of Anesthesiology and Pulmonary Medicine
Duke University Medical Center
Durham, NC, USA

Roy A. Myers, M.D.
MIEMS
Baltimore, MD, USA

William Clem, M.D., Hyperbaric Consultant
Division Presbyterian/St. Luke's Medical Center
Denver, CO, USA

John M. Alexander, M.D.
Northridge Hospital
Los Angeles, CA, USA

Des Gorman, B.Sc., M.B.Ch.B., F.A.C.O.M., F.A.F.O.M., Ph.D.
Professor of Medicine
University of Auckland, Auckland, NZ
d.gorman@auckland.ac.nz

Alf O. Brubakk, M.D., Ph.D.
Norwegian University of Science and Technology
Trondheim, Norway
alfb@medisin.ntnu.no

Alessandro Marroni, M.D.
Director, DAN Europe
Roseto, Italy
Hugh Greer, M.D.
Santa Barbara, CA, USA
hdgblgfpl@aol.com

Christopher J. Acott, M.B.B.S., Dip. D.H.M., F.A.N.Z.C.A.
Physician in Charge, Diving Medicine
Royal Adelaide Hospital
Adelaide, SA 5000, Australia

Chris Edge, M.A., Ph.D., M.B.B.S., A.F.O.M.
Nuffield Department of Anaesthetics
Radcliffe Infirmary
Oxford, United Kingdom
cjedge@diver.demon.co.uk

Richard Vann, Ph.D.
Duke University Medical Center
Durham, NC, USA

Keith Van Meter, M.D., F.A.C.E.P.
Assistant Clinical Professor of Surgery
Tulane University School of Medicine
New Orleans, LA, USA

Robert W. Goldmann, M.D.
St. Luke's Hospital
Milwaukee, WI, USA

Paul G. Linaweaver, M.D., F.A.C.P.
Santa Barbara Medical Clinic
Undersea Medical Specialist
Santa Barbara, CA, USA

James Vorosmarti, M.D.
6 Orchard Way South
Rockville, MD, USA

Tom S. Neuman, M.D., F.A.C.P., F.A.C.P.M.
Associate Director, Emergency Medical Services
Professor of Medicine and Surgery
University of California at San Diego
San Diego, CA, USA

Yoshihiro Mano, M.D.
Professor
Tokyo Medical and Dental University
Tokyo, Japan
y.mano.ns@tmd.ac.jp

Simon Mitchell, MB.ChB., DipDHM, Ph.D.
Wesley Centre for Hyperbaric Medicine
Medical Director
Sandford Jackson Bldg., 30 Chasely Street
Auchenflower, QLD 4066 Australia
smitchell@wesley.com.au

Jan Risberg, M.D., Ph.D.
NUI, Norway

Karen B.Van Hoesen, M.D.
Associate Clinical Professor
UCSD Diving Medicine Center
University of California at San Diego
San Diego, CA, USA

Edmond Kay, M.D., F.A.A.F.P.
Dive Physician & Asst. Clinical Prof. of Family Medicine
University of Washington
Seattle, WA, USA
ekay@u.washington.edu

Christopher W. Dueker, TWS, M.D.
Atherton, CA, USA
chrisduek@aol.com

Charles E. Lehner, Ph.D.
Department of Surgical Sciences
University of Wisconsin
Madison, WI, USA
celehner@facstaff.wisc.edu

Undersea & Hyperbaric Medical Society
10531 Metropolitan Avenue
Kensington, MD 20895, USA

Diver's Alert Network (DAN)
6 West Colony Place
Durham, NC 27705

General Liability Release and Express Assumption of Risk

1321 SE Decker Ave Stuart, Fl 34994
Phone: 888-778-9073 Fax: 877- 436-7096
Email worldhq@tdisdi.com www.tdisdi.com

For _____ (specify Course or Specialty) training program under sanction through SDI. Please read carefully, fill in all blanks and initial each paragraph before signing at bottom.

I, _____, hereby affirm that I have been advised and thoroughly informed of the inherent hazards of scuba diving activities

_____ Further, I understand that diving with compressed air or oxygen enriched air (nitrox) involves certain inherent risks including decompression sickness, embolism, oxygen toxicity, inert gas narcosis, marine life injuries or other barotrauma/hyperbaric injuries can occur that require treatment in a recompression chamber. I further understand that the open water diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time of distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

_____ I understand and agree that neither my Instructor(s) _____, the facility through which I received my Instruction, _____, International Training and Scuba Diving International, nor the officers, directors, shareholders, affiliated companies, employees, agents, or assigns of the above listed entities and/or individuals, nor the authors of any materials including texts and tables expressly used for training and certification (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this diving class or as a result of the negligence of any party, including the Released Parties, whether passive or active.

_____ In consideration of being allowed to enroll in this course, I hereby personally assume all risks in connection with said course, for any harm, injury, or damage that may befall me while I am enrolled as a student of this course, including all risks connected therewith, whether foreseen or unforeseen.

_____ I further agree to save, defend, indemnify, and hold harmless said course and Released Parties from any claim or lawsuit by me, anyone purporting to act on my behalf, my family, estate, heirs or assigns, arising directly or indirectly out of my enrollment and participation in this course including both claims arising during the course or after I receive my certification even if such claims may be groundless, false or fraudulent.

_____ I also understand that diving activities are physically strenuous and that I will be exerting myself during this diving course, and that if I am injured as a result of heart attack, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, etc. that I expressly assume the risk of said injuries and that I will not hold the above listed individuals or companies responsible for the same, and I agree to defend, indemnify, and hold harmless said course and Released Parties for any such injuries incurred by me.

_____ I understand that these activities may place me deeper than I am able to safely execute a free (without breathing gas) ascent from.

_____ I understand that I may be required to furnish my own equipment and that I am responsible for its operating condition and maintenance.

_____ I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

_____ I understand that the terms herein are contractual and not a mere recital, and that I have signed this document of my own free act. Further that I understand and agree that, in the event that one or more of the provisions of this agreement, for any reason, is held by a court of competent jurisdiction to be invalid or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this agreement shall be construed as if such invalid, illegal or unenforceable provision or provisions had never been contained herein.

IT IS THE INTENTION OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELEASE MY INSTRUCTORS, _____ (AND OTHERS, _____), THE FACILITY THROUGH WHICH I RECEIVED MY INSTRUCTION _____, THE TRAINING AGENCY _____ AND INTERNATIONAL TRAINING AND SCUBA DIVING INTERNATIONAL, AND ALL OTHER RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, OR ARISING OUT OF, DIRECTLY OR INDIRECTLY, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE. I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE SIGNING IT ON BEHALF OF MYSELF AND MY HEIRS.

This document is required for all courses and Specialties taught under sanction by Scuba Diving International.
No alterations, changes, omissions or revisions may be made.

_____
Signature of Student/Participant / Date

_____
Signatures of Parents or Guardians / Date (where applicable)

_____
Witness / Date

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WATER/POOL FACILITY WAIVER AND RELEASE OF LIABILITY

GIGGLIN' MARLIN DIVERS, INC.

Please be aware: By signing this document, you are waiving certain legal rights, including the right to sue.

Please read and be certain you understand the implications of signing this document. This form is to be used for all water related recreations activities, including, but not limited to, swimming, wading, snorkeling, scuba diving, diving and other social activities.

I, _____("Releasing Party") do hereby affirm and acknowledge the inherent hazards and risks associated with activities in or around water, as well as at the facility and on the property of Gigglin' Marlin Divers, Inc. ("Released Party"). I fully understand that these risks can lead to severe injury and even death.

In consideration of permitting me, Releasing Party, to participate in activities on the property and at the facility of Released Party. I agree as follows:

I, for myself, my personal representatives, heirs and next of kin do HEREBY acknowledge that water related recreational activities, including, but not limited to, swimming, wading, snorkeling, scuba diving, diving and other social activities ("Activities") ARE POTENTIALLY DANGEROUS ACTIVITIES and involve the risk of serious injury and/or death and/or property damage;

HEREBY RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE Released Party, its facility, or any of its officers, instructors, agents or employees, including scuba and/or swim instructors (the Releasees) from all liability resulting in any loss or damage, and any claim or demand arising out of or relating to any injury to my person or property or resulting in my death, now and forever, arising out of or related to participation in said Activities, whether caused by the negligence of the Released Party and/or Releasees, or otherwise;

HEREBY EXPRESSLY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, WRONGFUL DEATH OR PROPERTY DAMAGE, now and forever, arising out of, or related to participation in said Activities, where foreseen or unforeseen and whether caused by the negligence of the Release Parties and/or Releases, or otherwise;

HEREBY acknowledge that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEES and agree that this Waiver of Claims, Release of Liability, Express Assumption of Risk, and Indemnity Agreement extends to all acts of negligence by Released Party and/or Releasees, INCLUDING NEGLIGENT RESUCE OPERATIONS and is intended to be as broad and inclusive as permitted by the law of the Province or State in which the activities are conducted;

I EXPRESSLY agree to INDEMNIFY and SAVE and HOLD HARMLESS the Released Party and/or Releasees from any loss, liability, damage or cost that they may incur, now and forever, arising out of the Activities, ***whether foreseen or unforeseen and whether caused by the negligence of the Released Parties and/or Releasees***, or otherwise;

If any provision of this document is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document. In executing this document, I am not relying on any oral or written representations of statements made by the Released Party and/or Releasees, other than what is set forth in this agreement.

I, Releasing Party, hereby declare that I have read the Waiver of Claims, Release of Liability, Express Assumption of Risk, and Indemnity Agreement and fully understand that I have given up substantial rights by signing it. I am aware of its legal consequences, and have signed it freely and voluntarily without inducement, assurance, or guarantee being made to me and intend my signature to be complete and unconditional release of all liability to the greatest extend allowed by law. I hereby declare that I am of legal age and am competent to sign this agreement or, if not, that my parent or legal guardian shall sign on my behalf, and that my guardian or parent is in complete understanding and concurrence with this agreement.

□ By checking this box, you opt out of receiving monthly newsletter.

This Release shall be effective for the time period specified in the Effective Dates set out below.

RELEASING PARTY:

_____ _____ _____

(PLEASE PRINT) (SIGNATURE) (DATE)

(E-MAIL)_____ (PHONE) _____

EMERGENCY CONTACT: (NAME) _____ (PHONE) _____

(RELATIONSHIP)_____

As parent or guardian, I am signing this document on behalf of my minor child/children (specified by name below) and agree to be specifically bound to all the terms and conditions of this agreement. I have read the agreement, fully understand the terms herein, understand that I have given up substantial rights by signing it, am aware of its legal consequences, and have signed this document freely and voluntarily without inducement, assurance or guarantee being made to me. I intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law and further agree to indemnify and save and hold harmless Released Party and Releasees.

MINOR CHILD/CHILDREN_____

PARENT/GUARDIAN NAME _____ _____ _____

(PLEASE PRINT) (SIGNATURE REQUIRED) (DATE)

HEALTH DECLARATION FORM / COVID-19

Read this statement prior to signing it. You must complete this additional medical questionnaire to enrol in a diver training program or to participate in any diving activity. If you are a minor, you must have this statement signed by your parent or guardian.

DIVER MEDICAL QUESTIONNAIRE

The purpose of this medical questionnaire is to ensure that you are medically fit to dive. Please answer the following questions with a YES or NO. If you are not sure, answer YES. A positive response means that there may be a preexisting condition that could affect your safety while diving. If any of these items apply to you, we must request that you consult with a physician, preferably a specialist in diving medicine, prior to participating in diving activities.

Within the 40 days immediately preceding the date of this Health Declaration Form, have you:

1. TESTED POSITIVE OR PRESUMPTIVELY POSITIVE WITH COVID-19 (THE NEW CORONAVIRUS OR– SARS-COV2) OR BEEN IDENTIFIED AS A POTENTIAL CARRIER OF THE CORONAVIRUS?
   ☐ **YES** ☐ **NO**
2. EXPERIENCED ANY SYMPTOMS COMMONLY ASSOCIATED WITH COVID-19 (FEVER; COUGH; FATIGUE OR MUSCLE PAIN; DIFFICULTY BREATHING; SORE THROAT; LUNG INFECTIONS; HEADACHE; LOSS OF TASTE; OR DIARRHEA)?
   ☐ **YES** ☐ **NO**
3. BEEN IN ANY LOCATION/SITE DECLARED AS HAZARDOUS WITH AND/OR POTENTIALLY INFECTIVE WITH THE NEW CORONAVIRUS BY A RECOGNISED HEALTH OR REGULATORY AUTHORITY?
   ☐ **YES** ☐ **NO**
4. BEEN IN DIRECT CONTACT WITH OR IN THE IMMEDIATE VICINITY OF ANY PERSON WHO TESTED POSITIVE WITH THE NEW CORONAVIRUS OR WHO WAS DIAGNOSED AS POSSIBLY BEING INFECTED BY THE NEW CORONAVIRUS?
   ☐ **YES** ☐ **NO**

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for any omissions in disclosing my existing or past health conditions.

I also commit to inform instructor / dive centre name about any symptom that may arrive after having filled in this declaration and/or having come into contact with someone who has tested positive after signing the declaration.

Full Name _____ Date _____ Guardian's Full Name _____ Date _____

Signature _____ Signature _____

ADDITIONAL DECLARATIONS / COVID-19

☐ I WILL, if asked, wear a protective mask at all times while participating in the diving training / activities arranged by instructor / dive centre name, and will take all reasonable preventive steps that may be recommended by instructor / dive centre name, or any relevant public authority.

☐ I WILL accept and observe all instructions by instructor / dive centre name intended to abide by all existing regulations, required to help prevent the risk of transmission, including having my temperature taken prior to participating in any diving activities.

☐ I ACKNOWLEDGE and ACCEPT that this declaration will be considered as my consent to instructor dive centre name o retain this declaration and disclose it to any relevant authority or service provider for the purposes of ensuring the safety of any third parties that may come in contact with me prior to, during, and after any diving activity.

Full Name _____ Date _____ Guardian's Full Name _____ Date _____

Signature _____ Signature _____

PLEASE NOTE

COVID-19 shares many of the same symptoms as other serious viral pneumonias that require a period of convalesce before returning to full activities – a process that can take weeks or months depending on symptom severity (1).

MEDICAL RECOMMENDATIONS (2, 3):

- Divers who have tested positive with COVID-19 but have remained completely asymptomatic, should wait ONE month before resuming diving.
- Divers who have had symptomatic COVID-19, should wait at least THREE months before applying for fit-to-dive clearance conducted by a diving medicine specialist.
- Divers who have been hospitalised with or because of pulmonary symptoms in relation to COVID-19, should wait at least THREE months before applying for fit-to-dive clearance conducted or coordinated by a diving medicine specialist, with complete pulmonary function testing (at least FVC, FEV1, PEF25-50-75, RV and FEV1/FVC, and an exercise test with peripheral oxygen saturation measurement) as well as a high resolution CT scanning of the lungs.
- Divers who have been hospitalised with or because of cardiac problems in relation to COVID-19, should wait at least THREE months before applying for fit-to-dive clearance conducted or coordinated by a diving medicine specialist with cardiac evaluation, including echocardiography and exercise test (exercise electrocardiography).

GENERAL RECOMMENDATION

- Divers and dive centers should observe strictly the guidelines for disinfection of diving gear (as issued by the diving federations and DAN Europe / Divers Alert Network).

REFERENCES

(1) Return to Diving Post COVID-19 - issued by the Undersea and Hyperbaric Medical Society (UHMS) in the USA.

(2) Diving after COVID-19 pulmonary infection. A position statement of the Belgian Society for Diving and Hyperbaric Medicine (SBMHS-BVOOG).

(3) Recreational and professional diving after the Coronavirus disease (COVID-19) outbreak - Position statement of EUBS & ECHM

The present is a sample of a Health Declaration Form that a dive centre or dive professional may want to adopt and submit to customers and students, before taking up any diving activity with them.

The Form has been developed by the DAN Europe Medical Division team, based on information available as of May 2020. The epidemiological situation is constantly evolving.As a result, this document may be subject to changes and updates.

VERSION: 22.05.2020

With the support of

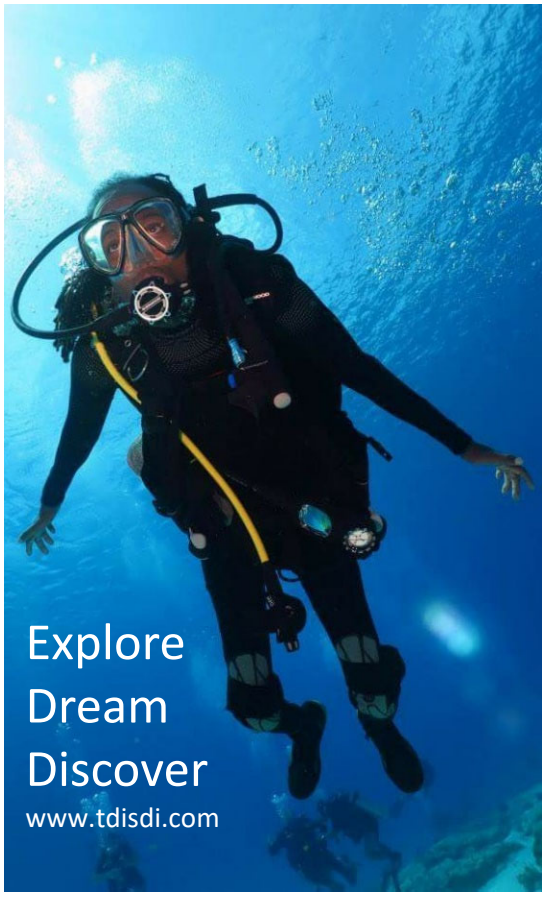
Snorkeler Diver & Scuba Discover Program

If you've always wanted to try to snorkel or scuba dive, this is the opportunity you have been waiting for. Come join Gigglin Marlin co-hosted with LifeWaters (nonprofit origination) for its official SDI Scubility Scuba Discover/Snorkel Diver program which let's you experience the wonders and thrills of diving.

Date:
May 6, 2023
Location
4502 Almeda Rd.
Houston, TX 77004
Time:
10:30 AM to 2:00 PM

Hosted by:
Gigglin Marlin Dive & Swim
4502 Almeda Road
Houston, Texas 77004

Contact Tonya Merritt
281-445-DIVE (3483)
barbie@gigglinmarlin.com
www.gigglinmarlin.com



Sign up:

MEDICAL CLEARANCE WILL BE REQUIRED TO PARTICIPATE IN THIS PROGRAM

MUST REGISTER WITH GIGGLIN MARLIN