

Safety information for certified divers Medical declaration for resort diving

Certified divers are obliged to dive safely and responsibly and to comply with the instructions provided during a dive briefing.

As a diver, you have a responsibility to be medically and physically fit to dive. You must inform the dive supervisor if you are suffering from any illness or injury or taking prescribed medication.

Please read this information and speak with your dive supervisor or your dive guide about any concerns before committing to a dive.

Certified divers should:

- follow the instructions of your dive supervisor or dive guide
- ask your dive supervisor for the dive plan and information on site conditions and hazards
- always dive with a buddy or a guide and stay together
- regularly monitor your air levels and your dive buddy's air levels
- be aware of dive site's boundaries and only dive to your trained depth.

Please make sure you:

- know where the lookout is stationed
- take careful note of emergency procedures such as the underwater recall, distress, rescue and lost buddy procedures
- know how to use signalling devices such as an inflatable safety sausage and know where they can be found
- can see your buddy at all times and check they are ok
- are familiar with all the dive equipment you will be taking on the dive
- complete a safety stop at the end of your dive.

Consider the following before and during the dive:

- ocean currents under the water
- the depth of the water
- visibility under the water
- underwater terrain and marine life in the area
- safe entry to and exit from the water.

Divers should be aware of the following risks:

- running out of air
- decompression illness from repetitive diving
- nitrogen narcosis when diving at depth and the need to move to shallower water if this occurs
- flying or altitude exposure after diving.

We hope you enjoy diving the beautiful waters of Queensland. Please talk to your dive instructor or supervisor if you have any questions.

To be completed and signed by resort diver

Completing this form is required by law before a person can do resort diving.

Personal details

Surname _____ Given names _____

Address _____

Phone _____ Date of birth _____ Sex: Male Female

Have you suffered, or do you now suffer from, any of the following:

	Yes	No
Asthma or wheezing	<input type="checkbox"/>	<input type="checkbox"/>
Brain, spinal cord or nervous disorder	<input type="checkbox"/>	<input type="checkbox"/>
Chest surgery	<input type="checkbox"/>	<input type="checkbox"/>
Chronic bronchitis or persistent chest complaint	<input type="checkbox"/>	<input type="checkbox"/>
Chronic sinus conditions	<input type="checkbox"/>	<input type="checkbox"/>
Collapsed lung (pneumothorax)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes mellitus (sugar diabetes)	<input type="checkbox"/>	<input type="checkbox"/>
Ear surgery	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Fainting, seizures or blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease of any kind	<input type="checkbox"/>	<input type="checkbox"/>
Recurrent ear problems when flying	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis or other long-term lung disease	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently suffering from:

Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>
Chronic ear discharge or infection	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Other illness or operation within the last month	<input type="checkbox"/>	<input type="checkbox"/>
Perforated eardrum	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking any medicine or drug (excluding oral contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ingested any alcohol within the eight hours prior to diving?	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?	<input type="checkbox"/>	<input type="checkbox"/>

Signature _____ Date _____

Witness _____ Date _____