



Maritime Archaeological Association of Victoria

Medical Declaration

Name: _____ **Date of Birth:** _____

Please read each question carefully and answer them accurately. Please explain any yes answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in MAAV diving activities but may require you to obtain a medical clearance from a Diving Medical Practitioner.

1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels.	YES/NO
2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heartbeat, uncontrolled elevated blood pressure (hypertension).	YES/NO
3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe.	YES/NO
4. EAR CONDITIONS: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery.	YES/NO
5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection.	YES/NO
6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing.	YES/NO
7. DIABETES MELLITUS: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control.	YES/NO
8. PREGNANCY: If you are presently pregnant or may become pregnant before completing your planned diving.	YES/NO
9. SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus.	YES/NO
10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician.	YES/NO
11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the student's safety in an underwater environment or affect the student's judgment under times of physical stress.	YES/NO
PLEASE EXPLAIN ANY YES ANSWER FOR QUESTIONS 1 THROUGH 11. (First list item number and then provide the explanation. Use the back of this paper, if necessary.)	

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

MAAV Approval
(Approving Officer) _____

Date _____