



# PADI Freediver Medical History Form

**Please read carefully before signing.**

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_ (Day/Month/Year)

Birth Date \_\_\_\_\_ (Day/Month/Year) Sex M  F

Freediving is a demanding activity and can be strenuous and you need to be in good health to participate. If you have any questions as to whether or not you are fit to freedive, consult with your physician.

The purpose of the Medical Questionnaire is to find out if you should be examined by a physician before participating in freediving activities. 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 freediving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a **YES** or **NO**. If you are not sure, answer YES. If any of these items apply to you, you must consult with a physician prior to participating in freediving.

\_\_\_\_ Do you have a history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels?

\_\_\_\_ Do you have a history of heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known patent foramen ovale (PFO), acute pulmonary edema associated with swimming or diving, or unusual shortness of breath or chest pain during exertion?

\_\_\_\_ Do you have 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?

\_\_\_\_ Do you have permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, recurring problems with ear pain during descent on aircraft, otitis media, middle ear infection, severe surfers ear or major ear surgery?

\_\_\_\_ Do you have a history of tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection?

\_\_\_\_ Do you have a 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 an inhaler for control of wheezing?

\_\_\_\_ Do you have a history of diabetes?

\_\_\_\_ Are you presently pregnant or planning to be pregnant?

\_\_\_\_ Do you have a history of a diving accident, decompression sickness, pressure injury (barotrauma) to the ear, or recurrent difficulty equalizing pressure in the ear during descent, or air embolus?

\_\_\_\_ Do you take any medication on a regular basis either over-the-counter or prescribed by a physician (with the exception of birth control or anti-malarial)?

\_\_\_\_ Do you have any physical and/or emotional condition not mentioned that causes you concern about being underwater or that might affect your judgment under times of physical or emotional stress?

**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.**

Participant's signature \_\_\_\_\_

Date \_\_\_\_\_ (day/month/year)

Parent/guardian signature \_\_\_\_\_  
(when applicable)

Date \_\_\_\_\_ (day/month/year)

## FOR PHYSICIAN USE ONLY

Your opinion of the applicant's medical fitness for freediving is requested.

I find no medical conditions that I consider incompatible with freediving.

I am unable to recommend this individual for freediving.

Physician \_\_\_\_\_

Physician's signature \_\_\_\_\_

Date \_\_\_\_\_ (day/month/year)

Phone \_\_\_\_\_

Clinic/Hospital \_\_\_\_\_

STAMP