



# **Medical Declaration for Shark Diving**

Your personal information is being collected by SEA LIFE Melbourne Aquarium in line with its safety procedures. Your personal information will only be disclosed to related bodies corporate of SEA LIFE Melbourne Aquarium for these purposes. If you choose not to provide certain information you may not be able to take part in the Shark Dive Xtreme experience. You can contact our Bookings Officer if you would like details of the personal information held about you

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### 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 Shark Dive Extreme experience. Your signature on this statement is required for you to participate in the Shark Dive.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enrol in the Shark Dive Extreme Experience. If you are a minor, you <u>MUST</u> 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 our bookings team before participating in this program. 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, please contact our booking department on phone on (03) 9923 5911 or via email on bookings@melbourneaquarium.com.au

### **Divers Medical Questionnaire**

#### To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in a Shark Dive. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of a 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 completing to booking your dive and obtain an Australian Recreational Dive Medical (AS4005.1)

## **Medical Declaration for Shark Diving**

Surname:		Given Names	s:
Address:			
Phone:		Email:	
Sex:	Date of Birth:		Age:
It is imp	oortant NOT to conceal any m	edical or related c	condition as you might put your health or life at risk.
Currently.			
	uld you be pregnant, or are you		
			With the exception of birth control or anti-malarial)
	you over 45 years of age and o		one or more of the following?
	Currently smoke a pipe, cigar     Have a high shalesteral level	s or digarettes	
	Have a high cholesterol level     Have a family history of hear	attack or stroke	
	<ul> <li>Have a family history of hear</li> <li>Are currently receiving media</li> </ul>		
	High blood pressure	.ai cai e	
	<ul> <li>Diabetes mellitus, even if cor</li> </ul>	trolled by diet alon	ne
Have you	ever had or do you currently h	ave	
Ast	hma, or wheezing with breathi	ng, or wheezing wit	th exercise?
Fre	quent or severe attacks of hay	ever or allergy?	
	quent colds, sinusitis or bronch	itis?	
	y form of lung disease?		
	eumothorax (collapsed lung)?		
	ner chest disease or chest surge	•	(D. )   (C.   C.   L.   )
			s (Panic attack, fear of closed or open spaces)?
	lepsy, seizures, convulsions or		
	curring complicated migraine h ckouts or fainting (full/partial l		
	quent or severe suffering from		
	sentery or dehydration requiring	•	· · · · · · · · · · · · · · · · · · ·
	y dive accidents or decompress		non:
			lk 1.6 km/one mile within 12 mins.)?
	ad injury with loss of conscious		
	current back problems?	·	,
	ck or spinal surgery?		
	betes?		
Bac	ck, arm or leg problems followi	ng surgery, injury o	r fracture?
Hig	h blood pressure or take medic	ine to control bloo	d pressure?
	art disease?		
	art attack?		
	gina, heart surgery or blood ve	ssel surgery?	
	us surgery?		
	disease or surgery, hearing los	s or problems with	balance?
	current ear problems? eding or other blood disorders	<b>.</b>	
	eding of other blood disorders rnia?	f	
	ers or ulcer surgery ?		
	olostomy or ileostomy?		
	Recreational drug use or treatment for, or alcoholism in the past five years?		
			quest that you consult with a physician prior to participating in you
,	<del></del>		ian Recreational Dive Medical (AS4005.1).
The Inf	formation that I have provided responsibility for omissio	about my medical l ns regarding my fai	history is accurate to the best of my knowledge. I agree to accept ilure to disclose any existing / past health conditions.
Signature	e:		Date:
Witness			Date: