

SCAPA FLOW DIVING CENTRE

Information and Disclaimer Form

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 while scuba diving with The Scapa Flow Diving Centre. Your signature on this statement is required for you to participate in the diving offered with the Scapa Flow Diving Centre.

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 serious risks including the risk of death.

To scuba dive safely you should not be extremely overweight or out of condition. In particular your respiratory and circulatory systems must be in good health. Diving can be strenuous and physically demanding.

A person with severe coronary heart disease, current cold or congestion, epilepsy, or any other severe medical problems should not dive.

It is not permitted to dive with the Scapa Flow Diving Centre under the influence of alcohol or drugs.

If you have asthma, well managed heart disease, or other chronic medical condition or if you are taking regular medication you should consult your doctor prior to attending your dive with the Scapa Flow Dive Centre to check suitability of participation. The dive-master must be informed of such conditions prior to participation.

Your conduct and behaviour must at all times be considerate of the safety and wellbeing of yourself and the other members of the dive group and staff of the Scapa Flow Diving Centre. The skipper retains the right to decline permission to dive with the Centre should these conditions not be adhered to.

If you have any questions regarding your suitability to dive prior to attending the Scapa Flow Diving Centre OR on any day you are with the Scapa Flow Diving Centre please direct these to Kenny Peace or the Dive Master responsible for the group.

Disclaimer:

I have read and understood the above information regarding the practice of diving and the risks involved. I agree to accept responsibility for my own suitability to dive with the Scapa Flow Diving Centre and the consequences thereof.

Signature:

Date:

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Medical Questionnaire

The purpose of this medical questionnaire is to find out if you should be examined by your doctor before participating in recreational diving. 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 your doctor prior to engaging in dive activities with the Scapa Flow Dive Centre.

Please answer the following questions with a Yes or a No. If you are not sure answer Yes and discuss with the Dive Master.

Could you be pregnant ?	YES/NO
Are you taking prescription medication (excepting birth control or anti-malarials)	
Are you over 45 years old and can answer YES to one or more of the following: <ul style="list-style-type: none"> • Current smoker • Have high cholesterol • Have a family history of heart attack or stroke • Are currently receiving medical care • Have high blood pressure • Are diabetic. 	
Have you ever had or do you have	Yes/No
Asthma, wheezing with breathing or wheezing brought on by exercise?	
Frequent or severe attacks of hay-fever or allergy?	
Frequent colds sinusitis or bronchitis?	
Any form of lung disease?	
Any chest disease or surgery?	
A pneumothorax (collapsed lung)?	
Behavioural health, mental health or psychological problems?	
Epilepsy, seizures, convulsions or take medication to prevent them?	
Recurrent migraine headaches?	
Blackouts or fainting (full or partial loss of consciousness)?	
Frequent or severe motion sickness?	
Recent dysentery or dehydration?	
Any dive accidents or decompression sickness?	
Head injury with loss of consciousness within the last 5 years?	
Back problems?	
Ear problems including labyrinthitis, hearing loss or loss of balance control?	
Bleeding or blood disorders?	
Is there any condition you have that may put those required to help you at risk of any danger (hepatitis, HIV etc)	

I confirm that the information I have given is accurate to the best of my knowledge. I accept responsibility for omissions and errors.

Signature:	Date:
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