



**Office Use Only**

Membership fees paid

Staff Initial.....

Membership Start Date ...../...../.....

Shirt Size.....

Notes;.....  
.....

**Brisbane Dive Academy Dive Club Medical**

**Questionnaire**

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 scuba training program. Your signature on this statement is required for you to participate in the scuba training program offered

by \_\_\_\_\_ and \_\_\_\_\_  
Instructor

\_\_\_\_\_ located in the Facility  
city of \_\_\_\_\_, state/province of \_\_\_\_\_.

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enrol in the scuba training program. If you are a minor, you must 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 the instructor before participating in this program, and on a regular basis thereafter upon completion. 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, review them with your instructor before signing.

Please read carefully before signing.

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. 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 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 participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Could you be pregnant, or are you attempting to become pregnant?
- \_\_\_\_\_ Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- \_\_\_\_\_ Are you over 45 years of age and can answer YES to one or more of the following?
  - currently smoke a pipe, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone
- \_\_\_\_\_ Have you ever had or do you currently have...
  - \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
  - \_\_\_\_\_ Frequent or severe attacks of hay fever or allergy?
  - \_\_\_\_\_ Frequent colds, sinusitis or bronchitis?
  - \_\_\_\_\_ Any form of lung disease?
  - \_\_\_\_\_ Pneumothorax (collapsed lung)?
  - \_\_\_\_\_ Other chest disease or chest surgery?
  - \_\_\_\_\_ Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
  - \_\_\_\_\_ Epilepsy, seizures, convulsions or take medications to prevent them?
  - \_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?
  - \_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
  - \_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
  - \_\_\_\_\_ Dysentery or dehydration requiring medical intervention?
  - \_\_\_\_\_ Any dive accidents or decompression sickness?
  - \_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
  - \_\_\_\_\_ Head injury with loss of consciousness in the past five years?
  - \_\_\_\_\_ Recurrent back problems?
  - \_\_\_\_\_ Back or spinal surgery?
  - \_\_\_\_\_ Diabetes?
  - \_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
  - \_\_\_\_\_ High blood pressure or take medicine to control blood pressure?
  - \_\_\_\_\_ Heart disease?
  - \_\_\_\_\_ Heart attack?
  - \_\_\_\_\_ Angina, heart surgery or blood vessel surgery?
  - \_\_\_\_\_ Sinus surgery?
  - \_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
  - \_\_\_\_\_ Recurrent ear problems?
  - \_\_\_\_\_ Bleeding or other blood disorders?
  - \_\_\_\_\_ Hernia?
  - \_\_\_\_\_ Ulcers or ulcer surgery ?
  - \_\_\_\_\_ A colostomy or ileostomy?
  - \_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

**To the Participant:**

**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 (dd/mm/yyyy)
Signature of Parent or Guardian:	Date (dd/mm/yyyy)

	Additional Information			
<b>What Level of Certification would you like to achieve within the next 12 Months?</b> (Please tick)	<input type="checkbox"/> ADVANCED <input type="checkbox"/> RESCUE <input type="checkbox"/> MSD <input type="checkbox"/> DIVE MASTER <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> OTHER.....			
<b>What Specialities would you like to accomplish during the next 12 Months?</b> (Please tick)	DEEP <input type="checkbox"/>	NIGHT <input type="checkbox"/>	NATURALIST <input type="checkbox"/>	PHOTO <input type="checkbox"/>
	NITROX <input type="checkbox"/>	DRIFT <input type="checkbox"/>	NAVIGATION <input type="checkbox"/>	SOLO <input type="checkbox"/>
	WRECK <input type="checkbox"/>	S&R <input type="checkbox"/>	EQUIPMENT <input type="checkbox"/>	PPB <input type="checkbox"/>
<b>What sort of diving do you prefer?</b> (Please tick)	SHORE <input type="checkbox"/>	REEF <input type="checkbox"/>	OVER SEAS <input type="checkbox"/>	INTERSTATE <input type="checkbox"/>
	WRECK <input type="checkbox"/>	LAKES <input type="checkbox"/>	OTHER.....	
	BOAT <input type="checkbox"/>	CAVES <input type="checkbox"/>		
<b>When are you available (and or prefer) to go diving?</b> (Please tick)	<input type="checkbox"/> WEEK DAYS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> SATURDAYS <input type="checkbox"/> SUNDAYS <input type="checkbox"/> HOLIDAYS <input type="checkbox"/> OTHER.....			
<b>Do you require any hire equipment?</b> (Please tick)	MASK & SNORKELL <input type="checkbox"/>	REGULATORS <input type="checkbox"/>	WEIGHTS <input type="checkbox"/>	
	BOOTS <input type="checkbox"/>	OCTOPUS <input type="checkbox"/>		
	FINS <input type="checkbox"/>	COMPUTER <input type="checkbox"/>		
	WET SUITS <input type="checkbox"/>	TANKS <input type="checkbox"/>		

**Welcome to the Brisbane Dive Academy Dive Club**

**Kind Regards**

**The Brisbane Dive Academy Team**

**Payment Details**

<b>Credit Card Number:</b>	<b>EXP:</b>	<b>CCV:</b>
<b>Card Holders Name:</b>	<b>Signature:</b>	<b>Total Due:</b>

I, \_\_\_\_\_ authorise Brisbane Dive Academy to debit my credit card the balance due in accordance with the booking terms and conditions



Brisbane Dive Academy Dive Club terms and conditions

Listed below are the terms and conditions held by the Brisbane Dive Academy Dive Club

- 1 x Double Boat Dive (rrp \$160) – Trip must be used within the first month of joining the Brisbane Dive Academy Dive Club. Thereafter your right to claim the Double Boat Dive may be refused.
- Discounted Rates on Boat Dives There After - \$10 off any Brisbane Dive Academy Boat trips. Subject to availability.
- 10% off Most Dive Gear at Brisbane Dive Academy – 10% off recommended retail prices (rrp) of dive gear in store. This does not include any camera equipment or items already discounted
- 50% off Air Fills – Subject to availability
- \$20 Shore Dives – Subject to equipment availability and staff availability
- Non-Diver Fun Days - Subject to equipment availability and staff availability
- 1 x Free Skills Workshop - Subject to equipment availability and staff availability
- First Dibs on Dive Trips Away – First opportunities given to members for dive trips and travel.
- Free Gear Safety Inspection – Regulators and BCD's with be bench tested against the manufactures specification. Please note, THIS IS NOT A SERVICE THIS IS A SAFTEY INSEPECTION ONLY
- Exclusive Members ONLY Courses – Subject to availability and price
- Any person under the age of 18 must have the consent of a parent or legal guardian before commencing in any club activity
- Discounted Rates on Rental Gear - \$10 off daily and weekend package rental gear rates. Subject to availability. Individual items are discounted accordingly:

	Daily Rates	Weekend Rates
<b>BCD</b>	Normally \$20, <b>Members \$15</b>	Normally \$38, <b>Members \$30</b>
<b>Regulator Set</b>	Normally \$25, <b>Members \$20</b>	Normally \$48, <b>Members \$40</b>
<b>Wet suits</b>	Normally \$20, <b>Members \$15</b>	Normally \$38, <b>Members \$30</b>
<b>Mask &amp; Snorkel</b>	Normally \$10, <b>Members \$5</b>	Normally \$18, <b>Members \$15</b>
<b>Fins</b>	Normally \$15, <b>Members \$10</b>	Normally \$28, <b>Members \$20</b>
<b>Tanks</b>	Normally \$20, <b>Members \$15</b>	Normally \$38, <b>Members \$30</b>

Please note that your contact information may be exchanged with members of the club for the purpose of organising a diving trip. Brisbane Dive Academy Dive Club membership costs \$195 for 12 months from the date you join. Brisbane Dive Academy reserves the right to refuse or withdraw membership at any time. Membership is none refundable or transferable. We also reserve the right to review and change these terms and conditions from time to time.

By signing below you agree to all of our terms and conditions

Signature:	Date (dd/mm/yyyy)
Signature of Parent or Guardian:	Date (dd/mm/yyyy)