



Medical Declaration – Shark Survival Adventure

To be completed & signed by each participant

Personal Details

Surname:	Given Names:	
Address:		
Height (approx):	Weight (approx):	Shoe Size:
Date of Birth: ____/____/____		

Have you suffered, or do you now suffer from any of the following:

Yes No

Asthma or Wheezing		
Brain, spinal cord or nervous disorder		
Chest surgery		
Chronic bronchitis or persistent chest complaint		
Chronic sinus condition		
Collapsed lung (pneumothrax)		
Diabetes mellitus (sugar diabetes)		
Ear surgery		
Epilepsy		
Fainting, seizures or blackouts		
Heart disease of any kind		
Recurrent ear problems when flying		
Tuberculosis or other long-term lung disease		

Are you currently suffering from:

Yes No

Breathlessness		
Ear discharge or infection		
High blood pressure		
Other illness or operation in the last month		
Perforated ear drum		
Are you currently taking medicine or drug (excluding oral contraceptive)?		

*** If you have answered yes to any of the above questions then you must obtain medical clearance from a doctor before undertaking this experience. You will have to provide evidence of this when booking and on the day of the encounter.**

Yes No

Have you ingested any alcohol within the last 8 hours?		
Are you pregnant?		
Will you be flying domestically within 12 hours after diving?		
Will you be flying internationally within 24 hours after diving?		

***If you have answered yes to any of the above questions, your condition is a contraindication to diving and as such does not allow you to participate in this program due to health risks.**

Yes No

Do you understand that concealment of any condition incompatible with safe diving might put your life or health at risk?		
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Signature:

Participant:	Date: / /
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