



1807 South Metro Parkway
Dayton, Ohio 45459
937-428-9836

Consent to Treat/Photo Release/Email Permission Form

REGISTRATION INFORMATION – Please Print

Full Legal Name _____
First _____ Middle _____ Last _____

Nickname _____

Phone (Cell) (_____) _____ (Home) (_____) _____

Address _____ DOB: (day/month/year) _____

City, State _____ Zip/Postal Code _____

Email: _____

After your class is complete do you wish to be added to our email list? YES _____ NO _____

If YES. In the future, we may send you monthly emails with course specials, travel, or diving opportunities. You'll be able to unsubscribe at any time, and we never share your information.

Consent to Treat:

In the event of injury or illness, I authorize (on behalf of myself or my child/ward) Aquatic Realm Scuba Center, LLC to obtain first aid and/or medical treatment at the nearest and most adequate facility of Aquatic Realm Scuba Center, LLC choice. This release is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances for myself, or in my absence, for the minor child/ward listed.

Photo Release:

I authorize Aquatic Realm Scuba Center to publish, in print, electronic, or video format, the likeness or image of myself or my child/ward, without limitation.

PARTICIPANT SIGNATURE: _____	DATE: _____ (day/month/year)
PARENT/GUARDIAN SIGNATURE: _____ (if minor)	DATE: _____ (day/month/year)

In case of emergency contact: (Please use someone that is not in a class with your)

NAME: _____	RELATIONSHIP: _____	CELL PHONE: _____
NAME: _____	RELATIONSHIP: _____	CELL PHONE: _____

AQUATIC REALM SCUBA CENTER LLC

ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY AND INDEMNIFICATION AGREEMENT

The undersigned, _____, being a student and/or guest diver of Aquatic Realm Scuba Center LLC, hereby certifies covenants and agrees as follows:

A. I understand and acknowledge that the novel coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization. COVID-19 is an extremely contagious respiratory disease that can result in serious illness or death. The virus is believed to spread primarily between individuals who are in close contact with each other (within about six feet) and it may be possible that individuals can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or eyes. Federal, state and local governments, as well as federal, state and local health agencies, have issued various stay-at-home orders and other rules, regulations and guidelines with respect to social distancing and the restrictions or limitations on the congregation of groups of people and the reopening of businesses.

B. I understand and acknowledge that the Aquatic Realm Scuba Center LLC has put in place preventative measures to reduce the spread of COVID-19 and I expressly agree to abide by any rules and regulations implemented by the Aquatic Realm Scuba Center LLC to carry out those measures; however, I understand that the Aquatic Realm Scuba Center LLC cannot guarantee that I will not be exposed to or contract COVID-19. By utilizing the services, programs, equipment, rented facilities and premises of the Aquatic Realm Scuba Center LLC, I knowingly and of my own free will assume the risk of being exposed to or contracting COVID-19 and I understand that I could be increasing my risk of exposure to or contracting COVID-19, which I am fully aware could result in personal injury, illness, permanent disability or death. I voluntarily accept sole responsibility for any injury or damage to myself or any family member including without limitation personal injury, illness, permanent disability or death arising out of or relating to the above-described uses of Aquatic Realm Scuba Center LLC.

C. I understand and acknowledge that I am utilizing the services, programs, equipment, rented facilities and premises of the Aquatic Realm Scuba Center LLC, freely and voluntarily, and that as a prerequisite for the foregoing uses, I must sign this Assumption of Risk, Release and Waiver of Liability and Indemnification Agreement, something I am doing freely and voluntarily.

NOW, THEREFORE, in consideration of the above, the undersigned, on behalf of himself or herself, any participating minors as the case may be, and any personal representatives, heirs, next of kin, attorneys, agents or insurers (hereinafter referred to as "the undersigned") hereby agrees to forever release, waive, discharge and covenant not to sue the Aquatic Realm Scuba Center LLC and/or its owners, members, managers, officers, directors, subsidiaries, parents, affiliates, successors and assigns, employees, agents, contractors, volunteers, attorneys and insurers (collectively, the "**Released Parties**") from any and all liabilities, claims, demands, causes of action, costs and expenses which may arise on account of any property damage or any injury to, or an illness or the death of, the undersigned or any of his or her family members (or any person who may be exposed to or contract COVID-19, directly or indirectly, from the undersigned or such family members) whether caused by the actions, omissions or negligence, active or passive, of the Aquatic Realm Scuba Center LLC or otherwise while the undersigned or such family members are in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Aquatic Realm Scuba Center LLC; the undersigned also agrees to indemnify and hold harmless the Aquatic Realm Scuba Center LLC and the Released Parties from any negligent acts or willful misconduct of the undersigned.

KNOWING AND VOLUNTARY EXECUTION: I have carefully read and fully understand the contents and legal ramifications of this agreement. I understand that this is a legally binding and enforceable contract and sign it of my own free will. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect to the fullest extent permitted by law.

Signature: _____ Printed Name: _____

Parent/ Guardian: _____ Printed Name: _____

Date: _____

Parental or Legal Guardian Consent Required for Minors

If the person identified above is under 18 years of age, this Assumption of Risk, Release and Waiver of Liability and Indemnification Agreement is also being executed by either a parent or legal guardian of the minor, who, through such execution, also releases and indemnifies the Aquatic Realm Scuba Center LLC and the Released Parties to the fullest extent provided above.



PADI

Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form Continuing Education Administrative Document

NOTE: Also complete and attach the Diver Medical Form (Product No. 10346)

This is a statement in which you are informed of the established safe diving practices for skin and scuba diving. These practices have been compiled for your review and acknowledgment and are intended to increase your comfort and safety in diving. Your signature on this statement is required as proof that you are aware of these safe diving practices. Read and discuss the statement prior to signing it. If you are a minor, this form must also be signed by a parent or guardian.

I, _____, understand that as a diver I should:

1. Maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or dangerous drugs when diving. Keep proficient in diving skills, striving to increase them through continuing education and reviewing them in controlled conditions after a period of diving inactivity, and refer to my course materials to stay current and refresh myself on important information.
2. Be familiar with my dive sites. If not, obtain a formal diving orientation from a knowledgeable, local source. If diving conditions are worse than those in which I am experienced, postpone diving or select an alternate site with better conditions. Engage only in diving activities consistent with my training and experience. Do not engage in cave or technical diving unless specifically trained to do so.
3. Use complete, well-maintained, reliable equipment with which I am familiar; and inspect it for correct fit and function prior to each dive. Have a buoyancy control device, low-pressure buoyancy control inflation system, submersible pressure gauge and alternate air source and dive planning/monitoring device (dive computer, RDP/dive tables—whichever you are trained to use) when scuba diving. Deny use of my equipment to uncertified divers.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities. Recognize that additional training is recommended for participation in specialty diving activities, in other geographic areas and after periods of inactivity that exceed six months.
5. Adhere to the buddy system throughout every dive. Plan dives – including communications, procedures for reuniting in case of separation and emergency procedures – with my buddy.
6. Be proficient in dive planning (dive computer or dive table use). Make all dives no decompression dives and allow a margin of safety. Have a means to monitor depth and time underwater. Limit maximum depth to my level of training and experience. Ascend at a rate of not more than 18 metres/60 feet per minute. Be a SAFE diver – Slowly Ascend From Every dive. Make a safety stop as an added precaution, usually at 5 metres/15 feet for three minutes or longer.
7. Maintain proper buoyancy. Adjust weighting at the surface for neutral buoyancy with no air in my buoyancy control device. Maintain neutral buoyancy while underwater. Be buoyant for surface swimming and resting. Have weights clear for easy removal, and establish buoyancy when in distress while diving. Carry at least one surface signaling device (such as signal tube, whistle, mirror).
8. Breathe properly for diving. Never breath-hold or skip-breathe when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. Avoid overexertion while in and underwater and dive within my limitations.
9. Use a boat, float or other surface support station, whenever feasible.
10. Know and obey local dive laws and regulations, including fish and game and dive flag laws. I have read the above statements and have had any questions answered to my satisfaction.

I understand the importance and purposes of these established practices. I recognize they are for my own safety and well-being, and that failure to adhere to them can place me in jeopardy when diving.

NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT

I understand and agree that PADI Members ("Members"), including _____, Aquatic Realm Scuba Center, LLC and/or any individual PADI Instructors and Divemasters associated with the program in which I am participating, are licensed to use various PADI Trademarks and to conduct PADI training, but are not agents, employees or franchisees of PADI Americas, Inc, or its parent, subsidiary and affiliated corporations ("PADI"). I further understand that Member business activities are independent, and are neither owned nor operated by PADI, and that while PADI establishes the standards for PADI diver training programs, it is not responsible for, nor does it have the right to control, the operation of the Members' business activities and the day-to-day conduct of PADI programs and supervision of divers by the Members or their associated staff. I further understand and agree on behalf of myself, my heirs and my estate that in the event of an injury or death during this activity, neither I nor my estate shall seek to hold PADI liable for the actions, inactions or negligence of

Aquatic Realm Scuba Center, LLC

and/or the instructors and divemasters associated with the activity.

**Release of Liability/Assumption of Risk/Non-agency Acknowledgment Form
Continuing Education Administrative Document** *continued*

LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT

I, *[Signature]*, hereby affirm that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death. I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand this Liability Release and Assumption of Risk Agreement (Agreement) hereby encompasses and applies to all diver training activities and courses in which I choose to participate. These activities and courses may include, but are not limited to, altitude, boat, cavern, AWARE, deep, enriched air, photography/videography, diver propulsion vehicle, drift, dry suit, ice, multilevel, night, peak performance buoyancy, search & recovery, rebreather, underwater naturalist, navigator, wreck, adventure diver, rescue diver and other distinctive specialties (hereinafter "Programs").

I understand and agree that neither my instructor(s), divemasters(s), the facility which provides the Programs

Aquatic Realm Scuba Center LLC, nor PADI Americas, Inc., nor its affiliate and subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in the Programs or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in the Programs, I hereby personally assume all risks of the Programs, whether foreseen or unforeseen, that may befall me while I am a participant in the Programs including, but not limited to, the academics, confined water and/or open water activities. I further release, exempt and hold harmless said Programs and Released Parties from any claim or lawsuit by me, my family,

estate, heirs or assigns, arising out of my enrollment and participation in this program including both claims arising during the program or after I receive my certification(s).

I understand that past or present medical conditions may be contraindicative to my participation in the Programs. I declare that I am in good mental and physical fitness for diving, and that I am not under the influence of alcohol, nor am I under the influence of any drugs that are contraindicated to diving. If I am taking medication, I declare that I have seen a physician and have approval to dive while under the influence of the medication/drugs. I affirm it is my responsibility to inform my instructor of any and all changes to my health condition at any time during my participation in the Programs and agree to accept responsibility for my failure to do so.

I also understand that skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I further state that I am of lawful age and legally competent to sign this Liability Release and Assumption of Risk Agreement, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I hereby state and agree this Agreement will be effective for all activities associated with the Programs in which I participate within one year from the date on which I sign this Agreement.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I *[Signature]* HAVE COMPLETED THE ATTACHED DIVER MEDICAL FORM (10346) AND I AFFIRM IT IS MY RESPONSIBILITY TO INFORM MY INSTRUCTOR OF ANY AND ALL CHANGES TO MEDICAL HISTORY AT ANY TIME DURING MY PARTICIPATION IN SCUBA PROGRAMS. I AGREE TO ACCEPT RESPONSIBILITY FOR OMISSIONS REGARDING MY FAILURE TO DISCLOSE ANY EXISTING OR PAST HEALTH CONDITION, OR ANY CHANGES THERETO.

I, *[Signature]* BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY INSTRUCTORS, DIVEMASTERS, THE FACILITY WHICH OFFERS THE PROGRAMS AND PADI AMERICAS, INC., AND ALL RELATED ENTITIES AND RELEASED PARTIES AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH HOWEVER CAUSED, INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS NON-AGENCY DISCLOSURE AND ACKNOWLEDGMENT AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, DIVER MEDICAL AND STANDARD SAFE DIVING PRACTICES STATEMENT OF UNDERSTANDING BY READING THEM BEFORE SIGNING BELOW ON BEHALF OF MYSELF AND MY HEIRS.

Participant's Signature

Date (Day/Month/Year)

Signature of Parent or Guardian (where applicable)

(page 2 of 2)

Date (Day/Month/Year)



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> * No <input type="checkbox"/>	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> * No <input type="checkbox"/>	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> * No <input type="checkbox"/>	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required).

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

The Staff of Aquatic Realm Scuba Center LLC

Aquatic Realm Scuba Center LLC

Instructor Name (Print)

Facility Name (Print)

* If you answered YES to questions 3, 5 or 10 above OR to any of the questions on page 2, please read and agree to the statement above by signing and dating it AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician for a medical evaluation. Participation in a diving course requires your physician's approval.

Participant Name**Birthdate**

(Print)

Date (dd/mm/yyyy)

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:			
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:			
I currently smoke or inhale nicotine by other means.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
I have a high cholesterol level.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
I have high blood pressure.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:			
Sinus surgery within the last 6 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Eye surgery within the past 3 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:			
Head injury with loss of consciousness within the past 5 years.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Persistent neurologic injury or disease.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:			
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:			
Recurrent back problems in the last 6 months that limit my everyday activity.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
BOX G – I HAVE HAD:			
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	<input type="checkbox"/> *	Yes	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

(Print)

Birthdate

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

- Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.
- Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego