

INTERNATIONAL ASSOCIATION OF NITROX DIVERS, INC./IANTD

Medical Questionnaire Instructor Copy

Student Information - Please Print Legibly

Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_/\_\_\_\_/\_\_\_\_

MESSAGE TO THE MEDICAL EXAMINER

Open Water Scuba diving activities with compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are physically strenuous and will cause exertion of the student during the diving course and they may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotrauma/hyperbaric injuries that can occur requiring treatment in a recompression chamber, heart attacks, panic hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other organic malfunction that may occur.

Please read each question carefully and answer them accurately. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in the IANTD Open Water Diving Program.

- 1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels. \_\_\_ YES \_\_\_ NO
2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled and/or elevated blood pressure (hypertension). \_\_\_ YES \_\_\_ NO
3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe lung tissue damage, emphysema, or any lung problem which interferes with your ability to breathe. \_\_\_ YES \_\_\_ NO
4. EAR CONDITIONS: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one ore both ears, or major ear surgery. \_\_\_ YES \_\_\_ NO
5. SINUS CONDITION: Tumor, polyps, cyst of the sinus cavities or nasal passages, persistent sinus infection or surgery. \_\_\_ YES \_\_\_ NO
6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing. \_\_\_ YES \_\_\_ NO
7. DIABETES MELLITUS: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication or control. Any form of Diabetes that is unstable, "brittle" or episodes of hypoglycemia (low blood sugar reactions), Hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also history of elevated blood sugar or elevated blood during pregnancy. \_\_\_ YES \_\_\_ NO
8. PREGNANCY: If you are presently pregnant or may become pregnant before completing your scuba course. \_\_\_ YES \_\_\_ NO
9. SNORKELING/SCUBA DIVING CONDITIONS: Previous history of a snorkeling/diving accident, decompression sickness, decompression of the inner ear or air embolus. \_\_\_ YES \_\_\_ NO
10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician. \_\_\_ YES \_\_\_ NO
11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the students safety in an underwater environment or affect the students judgment under times of physical stress. \_\_\_ YES \_\_\_ NO
12. PLEASE EXPLAIN ANY "YES" ANSWER FOR QUESTIONS 1 THROUGH 11. First list item number and then provide the explanation. Use the back of this paper, as necessary. \_\_\_\_\_

I certify that I have answered the above questions accurately and honestly.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If under 18 years of age student's parent or guardian is also required to certify the form's accuracy by co-signing the form.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Cleared for class Student Requires Medical Clearance

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

PLEASE READ AND SIGN REVERSE SIDE ->->->

**WARNING: Oral or total systemic decongestants, Trans-Derm, or oral sea sickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination of, MAY cause harmful, if not fatal, reactions underwater, especially if taken too soon before diving.**

**I, (print students name) \_\_\_\_\_, acknowledge that I have read the above warning and that I understand, and take responsibility for my actions as regards my use or misuse of any and all drugs during this course of Scuba Instruction.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date



# IANTD/AND, Inc. TRAINING PROGRAMS

## COMPLETE LIABILITY RELEASE AND CONTRACT NOT TO SUE

Name \_\_\_\_\_ Date \_\_\_\_\_

Course Title \_\_\_\_\_ Instructor Name \_\_\_\_\_

I UNDERSTAND THE PURPOSE OF SIGNING THIS DOCUMENT IS TO EXEMPT AND RELEASE IANTD/AND, INC., AS WELL AS MY INSTRUCTORS, AFFILIATED PERSONNEL, THE FACILITY THROUGH WHICH I RECEIVE MY INSTRUCTION, ALL VESSELS (WHETHER OWNED, OPERATED, LEASED OR CHARTERED) AND ALL OTHER INVOLVED PERSONNEL INCLUDING BUT NOT LIMITED TO THEIR OWNERS, EMPLOYEES, CREW, VOLUNTEERS, DESIGNEES, AGENTS, SPONSORS, AND ADVERTISERS (HEREINAFTER THE "RELEASED PARTIES") AND TO HOLD THESE ENTITIES AND INDIVIDUALS HARMLESS FROM ANY AND ALL LIABILITY ARISING AS A RESULT OF ANY ACTS OR OMISSIONS ON THEIR PART, INCLUDING, BUT NOT LIMITED TO, ACTIVE OR PASSIVE NEGLIGENCE OR NEGLIGENCE *OF ANY TYPE*.

I understand that scuba diving, especially technical diving is a hazardous activity with inherent risks and dangers associated therewith including, but not limited to, training accidents, risks associated with equipment failure, perils of the sea, as well as acts of fellow divers which could result in my serious injury or death. BY WAY OF MY SIGNATURE, I EXPRESSLY ASSUME ALL RISKS OF SCUBA DIVING and all associated risks (whether directly related to diving or not), whether these risks are specifically set forth or not. IT IS MY INTENTION TO RELEASE THE RELEASED PARTIES FOR ANYTHING THAT MAY HAPPEN TO ME WHICH RESULTS IN PERSONAL INJURY OR DEATH.

By my signature on this release, I hereby affirm that I have been advised and informed of the inherent hazards of scuba diving activities, including technical diving. I understand that breathing compressed gas underwater such as; compressed air, oxygen, enriched air (Nitrox), oxygen and/or helium (Trimix and/or Heliox) and/or neon in either Open Circuit, Semi-Closed Circuit or Closed Circuit rebreathers involves inherent risks including, but not limited to, decompression injuries, embolism, oxygen toxicity, inert gas narcosis, marine life injuries and other barotrauma/hyperbaric injuries which can occur that require treatment in a recompression chamber or hospital. I understand that scuba diving trips, which are necessary for training and certification, may be conducted at a site that is remote, either by time or distance or both from a recompression chamber or from any medical facility. Nonetheless, I expressly wish to proceed with this diving activity and assume all risks. I hereby waive any obligation on the part of the released parties to provide first aid, rescue, recovery resuscitation or medical assistance.

I understand that scuba diving activities are physically strenuous and that I will be exerting myself during this scuba diving course and related activities. If I am injured or killed as a result of cardiac events, panic, hyperventilation, oxygen toxicity, inert gas narcosis, drowning, medical events, or for any other reason, I expressly assume all risks and will not hold the released parties responsible for same.

IANTD/IAND, Inc. TRAINING PROGRAMS  
**COMPLETE LIABILITY RELEASE AND CONTRACT NOT TO SUE**

I understand that I am signing this release, without modification or any other promises, in consideration of being permitted to enroll in this course and participate in the diving activities.

I will be responsible for inspecting all of my dive equipment prior to each dive to ensure that I have all the necessary equipment for the dive, and that all the equipment is in proper working order with proper and sufficient gas supplies for the dive. I will not hold anyone responsible for my failure to inspect the equipment I use, analyze the gases I use and plan my dive.

IT IS MY EXPRESS INTENTION TO GIVE UP MY RIGHT TO SUE ALL INDIVIDUALS OR ENTITIES OR VESSELS referred to herein ("the released parties") whether specifically named or not, from all liability arising as a consequence of any act or omission including, but not limited to, active or passive negligence of any type. I fully agree to indemnify and hold the released parties harmless from any and all liability for personal injury of any type, including wrongful death. I make this agreement on behalf of myself, my heirs and assigns. I expressly and contractually assume all risks in connection with scuba diving activities whether directly related to diving or not. I understand and agree that it is my responsibility to make my family aware of the risks of injury or death from diving activities, that I accept these risks and choose to participate anyway. I hereby represent that I, or my estate, shall be liable in full for any claim brought on my behalf by my family, estate or heirs, arising from my injury or death while participating in diving activities.

BY WAY OF MY VOLUNTARY SIGNATURE, I AGREE THAT I HAVE FULLY READ AND UNDERSTAND THIS DOCUMENT IN ITS ENTIRETY. I UNDERSTAND THAT THIS IS A LEGALLY BINDING CONTRACT NOT TO SUE.

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

*If the participant is under the age of 18, then the parent or guardian must sign this agreement and agree to be legally bound by it and furthermore be legally responsible for the minor participant, including being responsible for all damage, injury or death which may occur as a result of the minor's participation in diving activities. The parent or guardian hereby agrees to be fully responsibility to the released parties for any damage, injury or death caused by the minor, including actions brought by the minor, for any damages whatsoever.*

\_\_\_\_\_  
Parent or Guardian's Name (print)

\_\_\_\_\_  
Parent or Guardian's Signature