

Medical History Declaration / Physician's Consent to Participate in Marine Activities

Participant Fill-in Form

1. If any of the following conditions apply, participation will not be permitted even with a physician's consent:
 - Pregnant or possibly pregnant.
 - Under the influence of alcohol at the time of participation, or experiencing a hungover.
 - Not meeting the age requirements for each program.
 - Having a history of epileptic seizures/convulsions.
 - Experiencing behavioral issues or psychological problems (such as anxiety attacks, claustrophobia, etc.).
 - Having or having had a history of respiratory system disorder or lung disease (for those guests who wish to participate in Ocean Walk and/or Diving).
 - Having hypertension (for those guests who wish to participate in Ocean Walk and/or Diving).
 - Having or having had a neurological condition (for those guests who wish to participate in Ocean Walk and/or Diving).
 - Having a history of cardiac conditions such as arrhythmia (for those guests who wish to participate in Ocean Walk and/or Diving).

2. If any of the following apply to you, please check ✓ and bring the Declaration & Medical Consent Form. If none apply, bringing the Declaration & Medical Consent Form is not required.
 - Currently receiving medication prescribed by a doctor (excluding contraceptives and malaria prophylaxis).
 - Experienced a major illness or injury requiring surgery within the past year.
 - Having or having had ear disease, visual impairment, or balance disorders. Having undergone ear or sinus surgery.
 - Asthma, wheezing with breathing, or wheezing triggered by physical exertion.
 - Having or having had a history of respiratory system disorder or lung disease (for those guests who wish to participate in Snorkel Program).
 - Having Hypertension (for those guests who wish to participate in Snorkel Program).
 - Having or having had a neurological condition (for those guests who wish to participate in Snorkel Program).
 - Having a history of cardiac conditions such as arrhythmia (for those guests who wish to participate in Snorkel Program).
 - Wishing to participate in Fun Diving and aged 61 years or older.

The above declarations regarding my medical history are correct.

Name _____ Date of birth _____ Age _____

Address _____ Phone Number _____

Physician's Section

The above client has applied to participate in (Snorkel/Diving/Ocean Walk).

This document is intended to inquire about the participant's health status to ensure it is suitable for (Snorkel/Diving/Ocean Walk).

- No medical impairments that would be considered disqualifying are apparent.
- It is not recommended for the above client to participate in (Snorkel/Diving/Ocean Walk).

Observations

Physician's Name _____

Hospital Name _____

Phone Number _____