



Medical Questionnaire:

Do you have any of the following conditions?

- * Asthma
- * Epilepsy
- * Chronic chest condition
- * Ear problems
- * Are you pregnant? (*Pregnant woman are not permitted to dive regardless*)
- * Heart Disease
- * Diabetes
- * Chronic sinus condition
- * High blood pressure
- * Do you have any other medical conditions, including injuries or psychological issues that may prevent you from participating in the dive?

IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS THEN MEDICAL CLEARANCE IS REQUIRED FROM A DOCTOR BEFORE YOU MAKE YOUR SHARK DIVE.

Please call +66 2 2614412 with any questions or email: medic@sharkdive.org

MEDICAL CLEARANCE FORM

This medical clearance form is to be completed and stamped by a doctor giving you clearance to scuba dive in an Aquarium to the maximum depth of 4.5 metres under supervision of registered dive instructors.

Diver's Name: _____ Date of Birth: _____

Diver's proposed dive date & Time (if known): _____

Medical Condition requiring clearance: _____

Doctor's Name: _____ Doctor's phone: _____

I, Dr _____ (Doctor Name) understand that the diver listed above suffers from the above mentioned condition and I give medical clearance for this individual to participate in a 4.5 metre deep scuba dive under supervision in an aquarium.

Notes if any: _____

Doctor's Signature _____

Date _____

