

Annex 1 - Medical questionnaire for completion by candidate divers and confirmation of medical history by their GP

QUESTION	YES	NO
(Females only) Are you pregnant?		
Are you taking any prescribed or other medication?		
Have you ever had or do you now have:		
Mental illness?		
Claustrophobia?		
Lung disease (eg chronic obstructive pulmonary disease)?		
Collapsed lung (pneumothorax)?		
Injury or surgery to the chest?		
Asthma?		
Disease of the heart and circulation, including high blood pressure (hypertension), angina, heart attack (myocardial infarction), chest pains, palpitations and irregular heart rate (arrhythmia)?		
Epilepsy?		
Blackouts or recurrent fainting?		
Disease of the brain or nervous system (eg strokes or multiple sclerosis)?		
Severe motion sickness?		
Migraine?		
Injury or surgery to the head or spine?		
Ear, nose, throat or sinus problems?		
Diabetes?		
Persistent stomach or intestinal problems?		
Skin disease?		
Blood disorders?		

If the candidate diver or GP has any comments on the medical history, please use another sheet.

Candidate diver - I certify that the above answers are correct:

Full name..... DoB.....

Address.....

Signature..... Date.....

GP - I confirm the medical history:

Practice stamp

Signature..... Date.....