



GIVEN NAME:		SURNAME:	
ADDRESS:			
POSTCODE:		PHONE #:	
DATE OF BIRTH:	/ /	SEX:	M / F
DATE OF SHARK WALK:	/ /	TIME:	

PLEASE READ THIS DOCUMENT CAREFULLY, IT IS IMPORTANT THAT YOU ANSWER IT HONESTLY.
This form is required to allow us to ascertain your suitability to take part in the shark walker experience safely

Have you suffered from or do you now suffer from any of the following conditions?

	Yes	No	COMMENT
Asthma or wheezing / chronic bronchitis or persistent chest complaints			
Brain, spinal cord or nervous disorder			
Internal chest surgery or heart disease of any kind			
Chronic sinus conditions or ear surgery / perforated eardrum			
Epilepsy, fainting, seizures, blackouts			
Collapsed lung (pneumothorax) Tuberculosis or other long term lung disease			
Diabetes mellitus (sugar diabetes)			
High blood pressure			

Are you presently suffering from any of the following conditions?

	Yes	No	COMMENT
Breathlessness or cough			
Ear discharge or infection			
Nasal congestion e.g. cold or hay fever			
Claustrophobia			
Hangover			

Please also answer the following:

	Yes	No	COMMENT
Do you currently have grommets fitted or wear hard contact lenses?			
Do you have recurrent ear problems when flying?			
Have you had any illness or operation in the last 6 weeks?			
Are you taking any medication or drug (excluding the oral contraceptive)?			
Are you pregnant? OR Are you flying within 12 hours <i>after</i> your dive?			
Have you ingested alcohol within the 8 hours prior to diving?			
Do you understand SCUBA diving can involve heavy physical activity?			
Do you understand that concealing any condition may put your life at risk?			
Are you capable of swimming 25m unaided (any stroke, no time limit)?			
How do you rate your fitness?	Poor / Fair / Good / Excellent		
What is your level of English and understanding?	Poor / Fair / Good / Excellent		

Please inform us of any other special requirements ie: prosthetic limbs etc.

*Answering yes to a medical condition does not necessarily mean you can't participate however you will require a medical clearance form completed by a medical physician before diving.

Thank-you for your co-operation, this will assist us in assessing whether you are medically fit to take part in the shark walker experience.

I hereby acknowledge that this is a fair and true depiction of any known medical condition to me

Signed: _____ Date: _____