



Medical and fitness to dive acknowledgement

Participant's portion

Before we can accept any person to join a ReefDoctor.Org expedition we need to confirm that you meet the requirements in terms of the physical health and fitness for recreational SCUBA diving.

The form below is to be filled out by you and taken, with the completed PADI medical statement, to your doctor for your medical. Both the ReefDoctor and PADI forms should be reviewed and signed by your doctor.

After the medical, one copy each form should be sent to ReefDoctor.Org's UK office before your departure, and the originals should be brought with you to Madagascar.

If you answer 'yes' to any of the questions in this form your doctor must explain why you should not be precluded from diving. The explanations are to be placed on the Doctor's portion of the ReefDoctor.Org medical form and / or on additional paper.

All information contained herein will be treated as confidential



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1) To be completed by the participant

Family name

First name

Middle names

Date of birth

Nationality

Address

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Phone number.....

Mobile number.....

Next of kin 1.....

Relationship.....

Contact details.....

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Next of kin 2.....

Relationship.....

Contact details.....

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2) Medical history

Have you ever or are currently suffering form the following conditions (please circle Yes or No)

- Yes No Allergies, dermatitis or other skin problems
- Yes No Eye disorders or colour blindness
- Yes No Nose/sinus problems
- Yes No Thyroid problem or diabetes
- Yes No Cardiac problems or high blood pressure
- Yes No Varicose veins
- Yes No Arthritis, disability or back problems
- Yes No Asthma, tuberculosis, recurrent pneumonia or any other chest problems
- Yes No GI Ulcers, gall stones, colitis or dysentery
- Yes No Kidney or urinary disorders
- Yes No Prostrate problems
- Yes No Malaria, bilharzias, or any other tropical diseases
- Yes No Depression, psychiatric problems, anorexia or bulimia
- Yes No Any other disorder or hospital treatment
- Yes No Have you ever suffered from any diving related injury?

Please explain what occurred and the treatment given:.....

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Please provide a doctor's report (separate from this one) stating that this injury does not preclude you engaging in recreational SCUBA diving.



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3) Current Medications

Please tell us any prescription medication that you are currently taking (including contraceptives), and indicate the name of the medication, the duration of taking, the dosage and the requirements for taking the medication.

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Please indicate which Malaria medication you will be taking (no Lariam please)

4) Declaration

I declare that all the information on this form is correct and complete. I have not omitted any information that may jeopardise my position on a ReefDoctor.Org expedition. I undertake to notify Reef Doctor.Org of any changes that occur to my current health before I commence the expedition.

Full Name

Signature.....

Date...../...../.....