

MEDICAL HISTORY

Do you have, or have you ever had, any of the following? Tick Yes or No. **Circle appropriate response if more than one option is given. If unsure, leave blank.**

	Y	N		Y	N
1a. Eye disorders/ Eye surgery / Corrective lenses			23. ANY mental illness or mental health issues requiring medication or intervention (counselling)		
1b. Corrective aid: prescription changed since last medical?			24. Drug / Substance abuse or addiction. Mention recreation use please		
2. Sinus problems, hay fever or allergies			25. Musculoskeletal impairment or impaired mobility		
3. Nose & throat/ Speech problems			26. Stomach / Liver / Gall tract / Bowel disorders. Hernia?		
4. Dental problems / dentures / dental surgery			27. Hormonal disorders: particularly diabetes		
5. Ear: deafness / injury / discharge / surgery to ears			28. Renal problems: blood in urine / history of kidney stones.		
6. Ear issues or Headache when flying			29. Vomiting blood or passing blood on bowel motions		
7. Motion sickness, severe enough to require medication			30. Blood disorders: anaemia, sickle cell, clotting disorders		
8. ANY shortness of breath / cough / wheezing / lung disorders			31. Gynaecological issues (menstrual, pregnancy, ovarian, etc)		
9. History of pneumothorax (collapsed lung), penetrating chest injuries or open chest surgery			32. Prostate problems		
10. History of Immersion Pulmonary oedema or shortness of breath in the water.			33. Sexually transmissible diseases		
11. ANY Heart disease incl blood vessel, valve or muscle			34. Tropical diseases: Malaria, Cholera, Dengue		
12. Racing or irregular heart beat			35. Infective diseases: HIV, Hepatitis, Tuberculosis		
13. Chest pain or discomfort on exercise			36a. Have you been diagnosed with Covid OR had suspicious symptoms of Covid during the last 2 years		
14. Blood pressure problems – high OR low			36b. Have you been vaccinated against Covid		
15. High cholesterol			37. Cancers / Malignancies		
16. Blood clots in legs, lungs or history of stroke			38. Admission to hospital NOT related to elective surgery		
17. Sleep apnoea/severe snoring/waking up tired or breathless			39. Known allergies		
18. Head injury. Concussion or CT or MRI scan investigations			40. ANY OTHER ILLNESS, INJURY or OPERATION NOT MENTIONED ABOVE		
19. Sever / frequent headaches; including migraine			41. Any visit to your doctor since your last dive medical?		
20. Light headedness/dizziness/unconsciousness for ANY reason			42. Refusal for granting life insurance cover		
21. Neurological: epilepsy, seizures, paralysis, numbness			43. Refusal or revocation of diving fitness/		
22. Claustrophobia			44. Recipient of incapacity OR compensation pay for injury/illness		

FAMILY HISTORY OF:

	Y	N		Y	N
45. Heart disease, blood vessel disease or rhythm disorders			51. Diabetes		
46. Sudden death at young age			52. Tuberculosis		
47. High blood pressure			53. Allergy / Asthma / Eczema		
48. High cholesterol			54. Inherited disorders		
49. Epilepsy			55. Glaucoma		
50. Mental illness or psychiatric treatment					

