



## MEDICAL SCREENING STATEMENT

The purpose of this medical information sheet is to inform you whether a physician should examine you before participating in recreational diving training and activities. If any of these conditions apply to you this does not necessarily disqualify you from recreational diving, but for your own safety you must consult a physician prior to participating in recreational scuba and skin diving activities. If in doubt, you must seek the advice of a physician. Please fill in “YES” if the statement has applied and/or applies to you or “NO” if the statement has never/or does not apply to you.

### PLEASE TICK “YES” OR “NO”

Are you?	YES	NO
Pregnant or suspect you may be pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Regularly take medications (birth control exception)	<input type="checkbox"/>	<input type="checkbox"/>
Over 45 years of age and smoke	<input type="checkbox"/>	<input type="checkbox"/>
Over 45 years of age and you have a high cholesterol level	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever have?	YES	NO
Asthma, or wheezing with breathing or wheezing with exercise	<input type="checkbox"/>	<input type="checkbox"/>
Any form of lung disease	<input type="checkbox"/>	<input type="checkbox"/>
Pneumothorax (collapse lung)	<input type="checkbox"/>	<input type="checkbox"/>
History of chest surgery	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia or agoraphobia (fear of closed or open spaces)	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, seizures, convulsions or take medications to prevent them	<input type="checkbox"/>	<input type="checkbox"/>
History of blackouts or fainting (full or partial loss of consciousness)	<input type="checkbox"/>	<input type="checkbox"/>
History of diving accidents or decompression sickness	<input type="checkbox"/>	<input type="checkbox"/>
History of diabetes	<input type="checkbox"/>	<input type="checkbox"/>
History of high blood pressure or take medications to control blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
History of heart disease	<input type="checkbox"/>	<input type="checkbox"/>
History of ear disease, hearing loss or problems with balance	<input type="checkbox"/>	<input type="checkbox"/>
History of thrombosis or blood clotting	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric disease	<input type="checkbox"/>	<input type="checkbox"/>

### DECLARATION:

**I am aware that I could be unfit to dive if I currently have or develop any of the following conditions:**

- Cold, sinusitis, or any breathing problems such as bronchitis and hay fever;
- Acute migraine or headache;
- Any kind of surgery within the last 6 weeks;
- Under the influence of alcohol, drugs, or medication affecting the ability to react;
- Fever, dizziness, nausea, vomiting and diarrhoea;
- Problems equalizing (popping ears);
- Acute gastric ulcers;
- Pregnancy or suspected pregnancy.

**I confirm that the answer to the statements in this Medical Screening Statement are accurate to the best of my knowledge.**

**I accept full responsibility for failing to disclose any past or existing medical condition.**

**I accept full responsibility to retake this Screening should my medical status change or should I become unsure of the statement given, during the course of my scuba and skin diving activities.**

**This declaration is otherwise valid for one year from date of signature.**

Participant Signature:

\_\_\_\_\_

Participant Name:

\_\_\_\_\_

Parent/Guardian Signature:

\_\_\_\_\_

Parent/Guardian Name:

\_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_



## STATEMENT OF RISKS AND LIABILITY

1. This is a statement in which you are informed of the risks of skin and scuba diving and/or using diving equipment and breathing gases independently of the dive center.
2. This statement also sets out the circumstances in which you can participate in diving courses/activities, organise and conduct scuba and skin diving activities at your own risks and/or hire/supply of breathing gases.
3. Your signature below is required as proof that you have read and understood this statement. If you do not understand anything contained in this statement, then please discuss with DiveBase Team. If you are a minor this form must also be read and signed by a parent or a guardian.
4. **Warning.** Skin and scuba diving have inherent risks which may result in serious injury or death. Diving with mixed gases (Nitrox, Trimix, Heliiox or Heliar) involves certain inherent risks of oxygen toxicity and/or improper mixtures of breathing gas. Diving and compressed air or mixed gases involve certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that requires treatment in a recompression chamber. Open water diving trips which are necessary for training and certification, and scuba diving trips, may be conducted at a site that is remote, either by time or distance or both, from recompression chamber. In the case of scuba equipment rental and breathing air supply, accident management remains your responsibility at all times. Skin and scuba diving are physically strenuous activities and you will be exerting yourself during these activities. **You must advise truthfully and inform instructor(s) and DiveBase Team of your medical history and of any change in your physical health during the diving activities.**
5. **Transportation to sites.** Land and sea transport to dive sites may be provided by DiveBase. Using these facilities is it at your own risk and DiveBase, its management or staff are not responsible for any loss, damage, or injury to yourself or your property.
6. **Equipment.** Prior to each dive you should be familiar with all equipment supplied to you by DiveBase, and ensure that it is in good working order. If diving with mixed gases, it is your responsibility to ensure that the gases are correctly and accurately analyzed and the gas content and cylinder number are recorded in such a manner as to be easily identified at any time. You should not offer the use of diving equipment (including cylinders and regulators) to other persons or entities under any circumstances.
7. **Equipment rent.** Rentor, hereby acknowledges receipt of the equipment designated in the rental log, and, if any of this equipment is to be used for skin or scuba diving, that Rentor is a certified diver or student in any diving course held by DiveBase under supervision of a certified scuba or apnea instructor. Rentor acknowledges that the equipment is in good working condition and that he/she has examined the equipment to ensure that it is

free from defects, including checking both the quality and quantity of air in any scuba tank(s) rented. If there are any defects the RENTOR agrees to inform DiveBase prior to use. Rentor understands that DiveBase and its employees, owners, officers, or agents (hereinafter "Released Parties"), shall not be held liable or responsible in any way for injury, death or other damages to RENTOR or his/her family, heirs, or assigns which may occur as a result of the rental and/or use of the equipment, or as result of product defect, or the negligence of any party, including the Released Parties. Rentor acknowledges that any damage or loss sustained to equipment as a result of the Rentor's actions, environmental conditions, or at any time whilst equipment is in Renton's possession, whether supervised or unsupervised, will incur cost in compensation for the repair or replacement of items.

**8. Dive Planning and Personal Risk Assessment.** Whilst the management and DiveBase Team will suggest dive sites, conduct a risk assessment on the sites and brief qualified divers on guided and/or organized dives, it remains your responsibility to decide whether the dive is within your qualification and/or experience level, and whether to participate in the dive or not. It is also your responsibility to conduct a personal dive plan and equipment safety check with your diving partner. You must advise truthfully and fully inform the dive guide and DiveBase Team of your scuba and skin diving certificate and experience.

**9. Exclusion of liability.** Notwithstanding DiveBase's third party liability insurance covering diving activities, neither DiveBase, not its owners, management, nor instructors contracted by DiveBase Ltd., not partner companies or the training agency, accept any responsibility for the death, injury or other loss suffered or caused by you or resulting from your own conduct or any other matter or condition under your control. Your participation in courses, scuba and skin diving activities and/or rental of diving equipment, supply of breathing gases and scuba and skin diving independently of DiveBase is at your own risk.

**10. Jurisdiction and applicable law.** Any dispute or claim arising from the services and products offered by DiveBase shall fall within the jurisdiction of the courts of Malta and shall be subject to the laws of Malta.

**11. Privacy Policy.** DIVEBASE Ltd. "DiveBase" is committed to protecting your data protection rights. Any personal information that you communicate to DiveBase voluntarily, will be processed in accordance with the Data Protection Act, Chapter 440 of the Laws of Malta, as amended from time-to-time. DiveBase has a legal duty to respect and protect any personal information we collect from you. DiveBase undertakes not to pass your personal information to a third party without your consent unless compelled to do so by law.

**By signing this form, you acknowledge that you have read and understood the above statement.**

Participant Name:\* \_\_\_\_\_ Date of Birth:\* (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name (if minor): \_\_\_\_\_

ID/Passport N.:\* \_\_\_\_\_ Residency City & Country: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact Name and Number:\* \_\_\_\_\_

Participant Signature:\* \_\_\_\_\_ Parent/Guardian Signature (minors): \_\_\_\_\_

Signature Date:\* (dd/mm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

Certification Agency: \_\_\_\_\_ Level of Certification: \_\_\_\_\_ Certification No.: \_\_\_\_\_

Last logged dive: \_\_\_\_\_ Total Dives number: \_\_\_\_\_

Do you have a diving insurance? YES  NO

If YES, specify diving insurance no. and expiration date: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If NO, would you like to buy a short-term diving insurance by DiveBase on site? YES  NO

\* mandatory data