

IMPORTANT

Self-Declaration Medical
please read before booking your liveaboard



All divers will be required to complete a self-declaration medical form upon arrival onboard Arora Virgo.

If you have or suspect that you have any of the medical conditions listed below, you must get signed clearance from a doctor, valid within 12 months of the date of your trip. This must be arranged prior to your arrival and bring it with you to avoid any delays, additional costs, or missing the trip.

MEDICAL STATEMENT: Diving is an exciting and enjoyable activity, but can be strenuous under certain conditions. For this reason, diving requires a good level of fitness and it is important to maintain a reasonable level of health. When performed correctly, applying correct techniques, it is relatively safe. When established safety procedures are not followed, however, there are increased risks. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor. You should always follow safe diving practices.

Please answer the following questions (YES/NO) honestly to the best of your knowledge:
If you answer YES to any of the following questions, you will need medical clearance from a doctor before you can dive.

Are you:

Over 45 years of age and can answer YES to one or more of the following?

- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Pregnant, or attempting to become pregnant?

Presently taking prescription medication? (with the exception of birth control)

You have had in the past or currently have:

- Asthma, or wheezing with breathing, or wheezing with exercise
- Frequent or severe attacks of hay fever or allergy
- Frequent colds, sinusitis or bronchitis
- Any form of lung disease
- Pneumothorax (collapsed lung)
- Other chest disease or chest surgery
- Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)
- Epilepsy, seizures, convulsions or take medications to prevent them
- Recurring complicated migraine headaches or take medications to prevent them
- Blackouts or fainting (full/partial loss of consciousness)

Frequent or severe suffering from motion sickness (seasick, carsick, etc.)

Dysentery or dehydration requiring medical intervention

Any dive accidents or decompression sickness

Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 minutes)

Head injury or loss of consciousness in the past 5 years

Recurrent back problems

Back or spinal surgery

Diabetes

Back, arm or leg problems following surgery, injury or fracture

High blood pressure or take medicine to control blood pressure

Heart Disease

Heart Attack

Angina, heart surgery or blood vessel surgery

Sinus surgery

Ear disease or surgery, hearing loss or problems with balance

Recurrent ear problems

Bleeding or other blood disorders

Hernia

Ulcers or ulcer surgery

A colostomy or ileostomy

Recreational drug use or treatment for, or alcoholism

I hereby confirm that I _____ have read through the various medical conditions listed above and to the best of my knowledge do not have a current or previous medical condition such as these that may affect my diving. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature

Date

Signature of Parent or Guardian

Date