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Sport Diving Medical Declaration

New divers should not commence diving training and existing divers should not dive until they have completed this medical declaration or had a medical examination confirming fitness to dive.

Fees for a medical examination are the responsibility of the diver.

NOTES TO DIVER: It is necessary for members of the above organisations to complete this form annually on renewal of membership. Exceptional fitness is not essential; both men and women can dive safely provided they are reasonably fit. If you have any queries then please contact a UKDMC Medical Referee (listed on http://ukdmc.org).

IMPORTANT – FAILURE TO DECLARE A MEDICAL CONDITION COULD INVALIDATE YOUR INSURANCE. YOU MUST DECLARE ANY MEDICAL PROBLEM PAST OR PRESENT OR ANY CHANGE IN HEALTH AS THIS MAY AFFECT YOUR FITNESS TO DIVE.

Name:		Date	of birth:				
Address:		•					
Postcode:	Telephone:	Occupation:					
Dive organisation:	Branch:	Membership no:					
Have you ever had or suffered from	1 -			Yes	No		
1 Diseases of the heart and circulation including high blood pressure (or taking tablets for high blood							
pressure), angina, chest pains or pa		,	5 101 111g.1 51000				
2 Chest or heart surgery?							
3 Significant bleeding or blood disord	ers?						
	4 Asthma, chronic obstructive airways disease or ever used an inhaler?						
5 Collapsed lung, pneumothorax or other lung injury?							
6 Any other problem affecting the lur	gs, suspected or known COVID-19 or tes	ted pos	itive for COVID-19?)			
7 Blackouts, fainting or recurrent dizz							
8 Abdominal surgery, Ileostomy, colo	8 Abdominal surgery, Ileostomy, colostomy or repair of a hiatus hernia?						
9 Epilepsy or fits?							
10 Recurrent migraines?							
11 Disease of the brain or nervous system (including strokes or multiple sclerosis)?							
12 Back or spinal surgery or any serious back problems?							
13 Psychological illness of any kind, fear of small spaces, suicidal thoughts or panic attacks?							
14 Diabetes?							
15 Cancer, malignant disease or a tumour?							
16 A requirement for any prescribed medication (except the contraceptive pill)?							
17 Decompression illness, immersion induced pulmonary oedema or other diving related problem?							
18 Have you had regular ear problems	in the past ten years?						
19 Have you had a head injury with los	s of consciousness in the past 5 years?						
20 Have you had any problem with alcohol or drug abuse in the last five years?							
21 Have you ever been refused a diving medical certificate or life insurance or been offered special terms?							
22 Are you currently receiving medical care or have you consulted a doctor in the last year other than for mild							
self limiting illnesses that have com	pletely resolved? (Please discuss any sym	ptoms	of the upper or low	/er			
respiratory tract with a UKDMC Me							
23 Are you concerned about any other	medical issue that has not been covered	by the	questions on this p	age?			
I, the subject of this medical, am signing	to certify that I have declared everythin	g and	Signed:	Date:			
	t myself and/or buddy at risk of harm or	death.					
(Signature of Parent or Guardian if under	the age of 18)						

IF YOU THINK YOU MAY BE PREGNANT OR ARE TRYING TO GET PREGNANT SPEAK TO A UKDMC MEDICAL REFEREE ABOUT THE IMPLICATIONS FOR DIVING

Divers answering 'Yes' to any question above must seek advice from a UKDMC Medical Referee. Please be aware that many UKDMC Medical Referees are in full time employment so allow a reasonable amount of time for your enquiry to be processed.

Only page 1 is required for divers answering No to all questions - if answering Yes complete pages 2 and 3 which can be downloaded from ukdmc.org

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IMPORTANT - if you have answered yes to any question on page 1 please give details below







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I authorise any doctor who has attended me to disclose my relevant medical history, if	requested, to the UKDMC Medical
Referee.	-
Signed:	Date:

IMPORTANT - pages 1 and 2 are confidential between the diver and the UKDMC Medical Referee. Please read the following instructions - If you have answered 'Yes' to any question on page 1 or if you are unsure on any area, you should seek advice from a UKDMC Medical Referee. From a telephone call or email enquiry, the UKDMC Medical Referee may only need to sign Page 3 without the need for an examination. Please take a copy of this form and send the original to the UKDMC Medical Referee, by post or email as arranged together with the required fee and a stamped self-addressed envelope. When returned to you, hand a copy of Page 3 to your Diving Officer or equivalent and retain the original as explained below. The UKDMC Medical Referee may require a statement from your GP or any specialist and/or need to see you for an examination. If an examination is required and you are found fit to dive, the UKDMC Medical Referee will also complete page 3 with an expiry date or a statement that further medical assessment is not required unless you develop a new medical problem. As above hand a copy of Page 3 to your Diving Officer or equivalent and retain the original with your Qualification Record Logbook. You need to review the declaration each year to check there is no new problem and if not take a copy of Page 3, initial and date the small box confirming this and give this copy to your Diving Officer or equivalent. Keep the original Page 3 to review and initial and date each year until the certificate expires or you develop a new medical problem or require new medication at which point you need to contact a UKDMC Medical Referee.

Please copy only page 3 to your Branch/Club









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Name:				Date of	birth:		
Address:							
Postcode:		Telephone:			Occupation:		
Dive organisat	tion:	Branch:		Membe	rship no:		
•	ion by a UKDMC h the UKDMC Medical Refe dmc.org		only		nay contact the UKDN	ЛС directly via	
a. In light with diving (de	of my assessment I holete if N/A).	ereby confirm the div	er has no me	dical condition t	hat I consider inco	ompatible	
With the follow	ving restrictions if rele	vant					
their medical d Indefinitely The diver should	there is a change in the claration form to a U or for save a copy of this form the Referee signed this	IKDMC Medical Refer years n & initial & date here to	ee:				
Initial							
Date:							
_	of my assessment the	e diver is NOT fit to di	ve (delete if I	N/A) Date:			
Referee stamp:							
nereree stamp.							

Any change in health must be declared as this may affect your fitness to dive. A copy of this completed certificate must be kept by the diver's Branch/Club during the period of validity.

Please copy only this page to your Branch/Club

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