

Full Name	Card number	Certification grade	Last dive and n. of dive	Comments

Medical Statement for Diving

This is a Medical statement in which you are informed of the key risks involved in scuba diving, and the conduct expected of you during your Dive experience at Cairns Aquarium and Reef Research Centre. To enrol in the diving programme, is mandatory to have visitors and customers to read and sign the below Medical Statement and Medical Questionnaire.

Please read the following carefully prior to booking.

You **MUST** be at least 14 years old to participate - any diver under the age of 18 must have a parent or guardian in attendance at the dive safety briefing on the day and the duration of the dive.

Diving with predator animals (i.e. sharks) or other large animals (i.e. rays, grouper etc.) is an exhaustive activity and can be challenging for some. When performed correctly, using the right technique, it is relatively safe. It is important that all established safety procedures are followed as to not increase the risk of this activity.

Diving can be strenuous under certain conditions therefore you must be in good health and not suffer from:

- 1) respiratory and circulatory problems,
- 2) coronary disease,
- 3) cold or congestion,
- 4) epilepsy,
- 5) any severe medical problem/s
- 6) ear problem

No dive can be performed if you are under the influence of drugs and/or alcohol. Ingesting alcohol within 8 hours prior to your diving, increase decompression illness risk as well as flying within 12 hours after your dive, therefore, for your safety you will not be allowed to dive.

Incorrect use of dive equipment can lead to serious injury. Dive safety briefing is compulsory and must be followed the day of the dive. One of our dive professional will teach you the importance of breathing and equalization while scuba diving as well as how to properly use the equipment provided.

If you have any questions regarding this Medical Statement or the Medical Declaration questions, please contact our reservation office at +61 7 4044 7300 or by email at reservations@cairnsaquarium.com.au;

Privacy

I consent to the collection of the data in this form by independent dive operator running the diver course in which I tend to participate, the communication of that personal data to CARRC and to its use to satisfy regulatory requirements, CARRC standards, insurance requirements and for quality control purposes.

I acknowledge and understood that the medical information provided by me overleaf will be retained by CARRC in accordance with its own privacy policy but may be provided to its insurers or associated entities if required for safety, legal or review reasons.



Divers Medical Declaration

Surname: _____ Given Names: _____

Address: _____

Phone: _____ Email: _____

Sex: _____ Date of Birth: _____ / _____ / _____ Age: _____

It is important NOT to obscure any related medical condition as you might put your health or life at risk. If you indicate YES to any of the questions below, this does not necessarily disqualify you from diving, however we require that you consult with a physician to obtain an Australian Recreational Dive Medical (AS4005.1) prior to participating in your Shark Dive.

Have you ever had or do you currently have		
Questions	Yes	No
Do you have any allergies? If yes please state them		
Asthma, wheezing with breathing or with exercise?		
Frequent or severe attacks of hay fever or allergies?		
Frequent colds, sinusitis or bronchitis?		
Any form of lung disease?		
Pneumothorax (collapsed lung)?		
Other chest disease or chest surgery?		
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.)?		
Behavioural health, mental or psychological problems (Panic attacks, fear of closed or open spaces)?		
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 mins.)		
Head injury with loss of consciousness in the past five years?		
Back, arm or leg problems following surgery, injury or fracture?		
Back problems, including back or spinal surgery?		
Diabetes?		
High blood pressure or take medicine to control blood pressure?		
Heart disease or 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 in the past five years?		

Currently suffer		
Questions	Yes	No
Breathlessness		
Chronic Ear Discharge or infection		
High Blood Pressure		
Perforated eardrum		
Other illness or operation within the last month		
Are you currently taking any medicine or drug (excluding oral contraceptives)?		
Have you ingested any alcohol within the last 8 hours prior to diving?		



Are you (or suspect to be) pregnant?		
Do you have a cold/flu or have you had one in the past 7 days?		
Are you over 45 years of age and answer YES to one or more of the followings? • Smoker (pipe, cigars, cigarettes or e-cigarette) • Has high cholesterol • Has a family history of heart attack or stroke • Is currently receiving medical care • Has high blood pressure • Suffers from Diabetes mellitus, even if controlled by diet alone		

Questions	Yes	No
Do you understand that any concealment of any condition incompatible with safe diving might put your health or life at risk?		
Do you understand that you should not go to altitude (fly) within 12 hours of completing a single dive or 24 hours when doing multiple dives?		

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing / past health conditions.

Signature: _____ Date: _____

(Parent/Guardian required for children under 18)

Witness: _____ Date: _____

Liability Release and Assumption of Risk for Supervision of Certified Divers/Contractor Divers

This a release of your rights to sue any CARRC employees and CARRC, agents and assigns (herein after “released parties” for personal injuries or wrongful death that may occur during the dive activities as result of the inherent risks associated with scuba diving or as a result of the negligence of the released parties.

- 1) I acknowledge that I am a certified scuba diver trained in safe diving practice
- 2) I am aware of the risk inherent this sport and accept these risks
- 3) I am in good mental and physical fitness for diving and I am not under the influence of alcohol, nor am I under the influence of any drugs that are contra indicatory for diving. If I am taking medication, I affirm that I have seen a physician and have approval to dive while under the influence of the medication/drug.
- 4) I am aware of the danger of breath holding while scuba diving, and I will not hold the released parties and related entities (i.e. employees, instructors, certified assistant, etc.) responsible if I am injured doing so.
- 5) I will inspect all of my equipment prior to the activity and will notify the released parties if any of my equipment is not working properly. I will not hold the released parties responsible for my failure to inspect my equipment prior diving.
- 6) I acknowledge that I am physically fit to scuba dive, and will not hold the released parties responsible if I am injured as results of heart, lung, ear, or circulatory problems or other illnesses that occur while diving.
- 7) I understand that even though I follow all of the appropriate dive practice, there is still some risk of my sustaining decompression sickness, embolism or other hyperbaric injuries, and I expressly assume the risk of said injuries.
- 8) I Understand that scuba diving is a physically strenuous activity and that I will be exerting myself during this diving excursion, and that if I am injured as a result of a heart attack, panic, hyperventilation, etc., that I expressly assume the risk of said injuries and that I will not hold released parties responsible for the same.
- 9) I understand that on this dive activity, there will be no immediate hyperbaric care available (closest recompression chamber is located in Townsville), and I expressly assume the risk of diving in such condition.
- 10) It is the intention of _____ by this instrument to exempt and release CARRC and CARRC employees and all related entities as defined above from all liability whatsoever for personal injury, property damage, wrongful death however cause, including but not limited to, the negligence of the release parties.
- 11) I have fully informed myself of the contents of this assumption of risk and release by reading it before I signed it on behalf of myself and my heirs.

Signature: _____ Date: _____

(Parent/Guardian required for children under 18)

Witness: _____ Date: _____