**COMPULSORY MEDICAL STATEMENT**

In order to ascertain that you are in adequate physical fitness to dive, you are required by French Polynesian Regulations (ARRETE N° 199 CM 15th February 2018) to complete the questionnaire below.

***Please answer the following 12 questions by putting Y or N in the YES or NO boxes below.***

Further to your last medical visit for the purposes of scuba diving OR during the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| N° | QUESTION | YES | NO |
| 1. | Has a member of your family passed away suddenly due to a heart attack or for any other explained reason? |  |  |
| 2. | Have you ever felt pain in your chest, palpitations, unusual breathlessness, fainting or fainting during or after physical exertion? |  |  |
| 3. | Have you ever experienced wheezing in the chest? |  |  |
| 4. | Have you ever lost consciousness? |  |  |
| 5. | Following a bone, joint or muscle problem did you experience long term pain, lack of strength or stiffness? |  |  |
| 6. | Have you ever returned to scuba diving following a minimum 4 week stop for medical reasons without consulting a medical practitioner? |  |  |
| 7. | Have you ever ceased scuba diving on the grounds of medical reasons? |  |  |
| 8. | Have you ever undergone any form of surgery? |  |  |
| 9. | Are you currently taking any form of prescribed medication (excluding contraception)? |  |  |
| 10. | Do you have a history of medical problems that could in your opinion result in a medical practitioner making a decision that it is unsafe for you to dive? |  |  |
| 11. | Have you ever been involved in a decompression accident? |  |  |
| 12. | Have you ever been either once or several times in a recompression chamber following a scuba diving incident? |  |  |
| 13. | Are you or could you currently be pregnant? |  |  |
| 14. | Are you diabetic? |  |  |
| 15. | Are you over the age of 70? |  |  |

***PLEASE NOTE if you have replied YES to one or more of the above questions you must go see a doctor and give sight of this medical questionnaire to them for them to provide a medical statement confirming that you are in current physical fitness to dive.***

***If you answered NO to all of the questions you are able to go scuba diving on the basis that you complete the declaration below:***

 **DECLARATION OF PHYSICAL FITNESS IN ORDER TO TAKE PART IN A SCUBA DIVING ACTIVITY**

Following completion of the above questionnaire I, ………………………………………………………….(insert name) DOB……………………………… of ………………………………………………………..(insert nationality) hereby DECLARE that I am physically fit to take part in a scuba diving activity.

Dated this day of 2018

……………………………………………………………………………………………..

(Signature)