



UNDERSEA &
HYPERBARIC
MEDICAL SOCIETY



CMAS
CONFÉDÉRATION MONDIALE
DES ACTIVITÉS SUBMARIQUES
WORLD UNDERWATER FEDERATION

Snorkellers Medical | Participant Questionnaire

. There are a few medical conditions which can be hazardous while taking strenuous activities. Those who have, or are predisposed to any of the below conditions, should contact us. If you have any concerns about your overall fitness not represented on this form, consult with your physician before your holiday. If you think you may have a contagious disease, protect yourself and others by not participating in activities. This form is principally designed as an initial medical screen for

Directions

Read this questionnaire as a prerequisite to a your tour Please contact us if you have any health issue or strong medication, so that we can note it on your booking.

1	I have problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	I am unfit and rather Large	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had major nproblems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8	I have back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9	I have bad stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10	I am taking strong prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>