

NAUI MEDICAL EVALUATION FORM

NAME _____ SCHOOL _____ PERIOD _____
ADDRESS _____
CITY _____ STATE/PROVINCE _____ ZIP _____
HOME PHONE _____ ALTERNATE PHONE _____ BIRTH DATE: _____
E-MAIL ADDRESS _____ HEIGHT: _____ WEIGHT: _____
PARENT'S E-MAIL ADDRESS _____ PARENT'S PHONE _____

To the Instructor: If any condition listed on the medical history form is checked by the student, you are required to individually interview the student. If, as a result of the interview, you are unsure whether or not the condition is a contraindication to diver training send the student to a physician for a medical exam. In the event that referral to a physician is necessary, provide the student with this NAUI Medical Form and transfer the student's medical history and any notes to the copy to take with them to the physician.

To the Physician: This person is an applicant for training in diving with self-contained underwater breathing apparatus (SCUBA). This is an activity, which puts unusual stress on the individual in several ways. A list of contraindications is on the NAUI website at <http://nau.org/pdf/medical99-00.pdf> for your reference. The student applicant's medical history below was provided during the enrollment process.

To the Student: I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that normal, healthy heart, lungs, ear and sinus, are essential prerequisites for my safety and well-being. I hereby confirm that to the best of my knowledge my circulatory and respiratory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases. I understand that I need to seek unconditional approval for diving from a licensed physician if I am uncertain as to my physical fitness for the rigors of diving.

Write Y (yes) or N (no) next to all of the following, and **explain under remarks, any yes answers.**

- | | | |
|-------------------------------|-------------------------|-------------------------------------|
| — Behavioral health problems | — Bronchitis | — Contact lenses |
| — Claustrophobia | — Tuberculosis | — Dental plates |
| — Agoraphobia | — Respiratory problems | — Physical disability |
| — Migraine headaches | — Back Problems | — Serious injury |
| — Epilepsy | — Back/spinal surgery | — Over 40 years old |
| — Ear or hearing problems | — Diabetes | — Hepatitis |
| — Trouble equalizing pressure | — Ulcers | — HIV positive |
| — Sinus trouble | — Colostomy | — Regular medication |
| — Severe hayfever | — Hernia | — Drug or Food allergies |
| — Heart trouble | — Dizziness or fainting | — Alcohol or drug abuse |
| — High blood pressure | — Recent surgery | — Rejected from any activity |
| — Angina | | — Hospitalized for medical reasons |
| — Heart surgery | — Pregnant | — Any medical condition not listed: |
| — Asthma | — Motion Sickness | |

Notes: _____

List all medications you are presently taking: _____

I certify that the above information is correct to the best of my knowledge.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

I am a minor and my parent or guardian has signed below.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

If at any time during your dive training your medical condition changes notify your NAUI Instructor immediately and complete a new NAUI medical history form for inclusion in your student file.