PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

The purpose of this Medical Questionnaire is to find out if you should be examined by a physician before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your PADI Professional will supply you with a PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

____ Do you currently have an ear infection?

____ Do you have a history of ear disease, hearing loss or problems with balance?

____ Do you have a history of ear or sinus surgery?

____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?

____ Do you have a history of respiratory problems, severe attacks of hayfever or allergies, or lung disease?

____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?

____ Do you have active asthma or history of emphysema or tuberculosis?

____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?

____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?

____ Are you or could you be pregnant?

____ Do you have a history of colostomy?

____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?

____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?

____ Are you over 45 and have a family history of heart attack or stroke?

____ Do you have a history of bleeding or other blood disorders?

____ Do you have a history of diabetes?

____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?

____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?

____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

Please read the two additional light blue panels, fill in the information on the back and sign. (see reverse)

Discover Scuba Diving Registration Form

Participant Information - Please print clearly within the boxes provided. Fill bubbles completely. ● Use blue or black pen.

Your personal information is required for PADI's Quality Management process. Visit padi.com for PADI's privacy policy.

PADI Professional: You must register participants within 30 days by either completing the online form at the PADI Pros Site of padi.com or mailing the Discover Scuba Diving Registration Form to your PADI office.

Program Completion Date (Day/Mon/Year) / /

First Name | MI | Last Name

Date of Birth: Day | ○ Jan ○ Feb ○ Mar ○ Apr ○ May ○ Jun ○ Jul ○ Aug ○ Sep ○ Oct ○ Nov ○ Dec | Year

Email

Participant Mailing Address

Participant Mailing Address

City | State/Province | Zip/Postal Code

Phone | Country

Gender: ○ Male ○ Female

For Instructor and Dive Center Use Only

Dive Verification | PADI Member Number | Dive Center/Resort Number | Program Location

I have conducted all phases of the ○ Pool/Confined Water version OR ○ Optional Open Water version of the Discover Scuba Diving program as outlined in the Discover Scuba Diving Instructor Guide.

Member's Name (Please Print) | Member's Signature | Date (Day/Mon/Year)

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Send top copy to your PADI office. Members retain bottom copy for your records.