

ANNEX A

MEDICAL QUESTIONNAIRE-TO BE COMPLETED BY THE CANDIDATE DIVER AND GP TO CONFIRM MEDICAL HISTORY (NO EXAMINATION IS REQUIRED)

QUESTION	YES	NO
Have you ever had or do you now have:		
Diabetes?		
Disease of the heart and circulation, including hypertension, angina or MI, chest pains, arrhythmias?		
Asthma?		
Lung disease such as COPD?		
Spontaneous or traumatic pneumothorax?		
Injury or surgery to the chest?		
ENT or sinus problems?		
Significant gastrointestinal problems?		
Mental illness?		
Claustrophobia or severe motion sickness?		
Epilepsy?		
Migraine?		
Neurological illness such as strokes or multiple sclerosis?		
Syncope or recurrent fainting?		
Skin disease?		
Anaemia or haematological conditions?		
Currently pregnant?		
Prescribed or other medication?		

The candidate diver is responsible for any fee levied for confirming the medical history

Candidate diver: I certify that the above answers are correct.

Surname:.....First Name:..... DoB:

Address:

Signature.....Date:.....

GP: I confirm the medical history:

Practice Stamp:

Signature: Date:

If GP or candidate diver has any comments on the medical history, please use another sheet.