



# The Israeli Diving Federation

## Application for Recreational Diving Course

Diving Club: \_\_\_\_\_ Name of Instructor: \_\_\_\_\_

Address of Club: \_\_\_\_\_

**Health Statement** (please read the following pages carefully and check with the instructor and make sure that you understand before signing).

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ ID No: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: M/F (circle)

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Dear Applicant,

1. This questionnaire and health statement is a required form for an applicant for a recreation diving course only and is not intended for anyone applying for a job or entering a contest.
2. Diving is an enjoyable activity providing both a physical and mental challenge but like any other experience requiring physical activity there are risks that must be taken into consideration beforehand and some may occur due to present or past health conditions.
3. Therefore, withholding or omitting medical information and/or failure to provide information or providing incorrect and/or incomplete answers and/or not true and/or misleading endangers you and other divers accompanying you.
4. The purpose of the questionnaire and medical statement is to determine if you have to be examined by a qualified diving doctor to allow you to participate in the diving course.
5. Please read every word carefully in this document including the statement, waiver and release form. Please speak (or if you are a minor have your parents speak) with the instructor and discuss the forms before signing. If you are minor please have your parents read this form carefully and make sure that they fill in all the information and sign the statement and forms after meeting with the instructor.
6. Please make sure that all the information and statements have been explained to you by the instructor so that you can complete these forms with exact details of your health condition both in the present and the past.
7. "No" as an answer means that you have never suffered in the past nor are you suffering now from an ailment or affliction presented in the form.
8. "Yes" as an answer means that the situation is preexisting which can have consequences to your safety when you are diving, therefore we request a diving specialist examination before allowing you to participate in the course.
9. If you are uncertain about an answer concerning your health condition or any statement, please answer "yes".
10. If the answer to one or more questions is "yes", please write in detail the history of the disease or condition – what happened, how long you suffered, complications, treatment, medicines and your current status.



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**Remember! You must declare any chronic ailment or any disease, operation, physical or mental disability which might affect your ability underwater even if it doesn't appear in the questionnaire. A space has been left for this on the last page.**

**If there is any change in your physical state, you must notify the diving club and instructor immediately.**

**Please answer all the questions clearly and precisely. Do not use lines or symbols of any kind instead of words.**

**Do you suffer from or have you ever suffered in the past from:**

#		yes	no
1	Migraine headaches		
2	Meningitis, brain related diseases		
3	Loss of consciousness (for more than a second), dizziness, recurring fainting spells		
4	Concussion, head injury		
5	Epilepsy, convulsions		
6	Head operation		
7	Chest operation		
8	Injury to ribs		
9	Air in the lungs		
10	Tuberculosis		
11	Chronic cough		
12	Asthma, spastic bronchitis		
13	Chronic colds, hay fever, allergic runny nose, dermal spring fever		
14	Injury to nose, deviated septum, operations of nose/sinuses/ears		
15	Ear infections		
16	Tear or hole in eardrum/ear operation		
17	Chronic sinusitis/sinus operation		
18	Eye glasses/contact lenses – no:		
19	Diseases of the eyes/eye operations		
20	Color blindness		
21	Problems with the eye reticulum		
22	General heart disease (angina pectoris, heart attack)		
23	Other heart diseases (valves, heart membrane)		
24	Heart operation		
25	Irregularity in heart beat (palpitations)		
26	High blood pressure (stabilized with medicine)		
27	Shortness of breath under exertion		
28	Chest pains under exertion		
29	Anemia/chronic blood disease		
30	Kidney/urinary tract diseases (stones, "sand", operations, recurring infections, kidney function disorder.)		
31	Recurring stomach aches		
32	Chronic intestinal diseases (infections, ulcer, diarrhea, etc)		
33	Bleeding in digestive system (vomiting blood or bloody diarrhea		
34	Chronic heartburn/diseases of the esophagus		
35	Hernia		
36	Operations of stomach/intestines		



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#		yes	no
37	Rheumatic or bone diseases		
38	Neurological or muscular diseases		
39	Spinal diseases/injury to the spine		
40	Muscular weakness/limb weakness		
41	Obesity of more than 25% (recommended weight: height (cm) less 100		
42	Diabetes – treated with pills/injections		
43	Glandular disorders treated regularly		
44	Smoking (__ cigarettes per day)		
45	Do you have false teeth?		
46	Are you pregnant or think you might be pregnant?		
47	Have you suffered from mental illness or extreme anxiety (for example claustrophobia)?		
48	Do you take medicine regularly?		
49	Have you ever had a diving accident?		
50	Do you suffer from chronic liver disease?		
51	Do you take drugs/drink alcohol regularly?		

Please elaborate answers or positive findings:

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**To the instructor/club:**

If one or more of the answers are positive, not including question 44, please refer the applicant to a diving specialist to be examined before beginning the course. Question 18, if the lens number is 4 or over and/or any other vision problems, the applicant must be examined by the doctor. An applicant over the age of 45 must undergo an e.k.g. examination under stress.