Performance Freediving Medical Form

Name:_____ Date of Birth:_____

****IMPORTANT – PLEASE READ****

Some pre-existing physical conditions may increase your risk of injury while taking part in free dive/breath-hold activities. Because of this, Performance Freediving Inc. (PFI), has developed the following medical questionnaire to make you aware of these conditions. Failure to address these conditions with a doctor prior to engaging in free dive breath-hold diving activities may endanger your safety as well as the safety of any person you may dive with.

MEDICAL QUESTIONNAIRE

Please read each question carefully and answer them by checking either YES or NO. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in PFI endorsed activities/events/competitions.

1. NEUROLOGICAL CONDITIONS: Any history or current condition related to seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels. ___YES ___NO

2. CARDIOVASCULAR CONDITIONS: Any history or current condition related to heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known PFO, acute pulmonary edema associated with swimming or diving. ___YES ___NO

3. PULMONARY CONDITIONS: Any history or current condition related to spontaneous collapsed lungs, collapsed lungs due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. ___YES ___NO

4. EAR CONDITIONS: Any history or current condition related to permanent holes of the eardrums, history of ruptured eardrums, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, otis media, middle ear infection, severe surfers ear or major ear surgery. ___YES ___NO

5. SINUS CONDITIONS: Any history or current condition related to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery or persistent sinus infection. ___YES ___NO

6. ASTHMA: Any history or current condition related to asthma or asthma attacks, wheezing caused by exercise, anxiety, cold, fatigue, etc. Any history or current condition requiring medication and/or use of an inhale for control of wheezing. ___YES ___NO

7. DIABETES MELLITUS: Any history or current condition related to Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. Also, any history or current condition related to elevated blood sugar during pregnancy. ___YES ___NO

8. PREGNANCY: If you are presently pregnant or planning to be pregnant. ___YES ___NO

9. FREEDIVING/SCUBA DIVING CONDITIONS: Any history or current condition related to a diving accident, decompression sickness, decompression of the inner ear of air embolus. ___YES ___NO

10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician. ___YES ___NO

11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. ___YES ___NO

I certify that I have answered the above questions accurately and honestly.

Signed:_____ Dated:_____

Witnessed:_____ Dated:_____

_____ Approved for Application
_____ Requires Medical Clearance
_____ Date
Doctors Name/Stamp: _____ Doctors Signature: _____
My signature on the above verifies that I have completely reviewed this applicant's medical form and find no counter-indications for competitive freediving