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Name: DOB: Height: Weight:

Sponsor: Date:
(Professor's Name)

TO THE APPLICANT:

Scuba diving places considerable physical and mental demands on the diver. Certain medical and physical requirements must be met before beginning a diving or training program. Your accurate answers to the questions are more important, in many instances, in determining your fitness for diving.
¿ WQHVV WR GLYH WKDQ ZKDW WKH SK\VLFLDQ PD\ VHH KH DU RU IH HO DV SDUW RI
7KLV IRUP PXVW EH NHSW FRQ¿GHQWLDO E\ WKH H[DPLQLQJ SK\VLFLDQ RX , I \ R

Please explain any "yes" answers to the above questions.

I certify that the above answers and information represent an accurate and complete description of my medical history.

Signature	Printed name	Date
	- If applicable -	

Physician's signature	Physician's printed name
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Clinic/Address	Date
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