

# **Bottom Time Divers**

## **Medical History**

**Please write a “Y” or “N” when answering the following medical history questions.**

1. \_\_\_ Do you regularly take prescription or non-prescription drugs (except birth control)?
2. \_\_\_ History of drug or alcohol abuse?
3. \_\_\_ Could you be pregnant or are you attempting to become pregnant?
4. \_\_\_ Suffer from motion sickness (sea or car)?
5. \_\_\_ Diving accidents or decompression sickness?
6. \_\_\_ Over 45 years old, currently smoke or have high cholesterol?
7. \_\_\_ Have you ever had asthma, wheezing with exercise or an inability to perform moderate exercise (example: walking a mile in under 12 minutes)?
8. \_\_\_ Frequent or severe attacks of hay fever or allergy?
9. \_\_\_ Frequent colds, sinusitis, or bronchitis?
10. \_\_\_ Any form of lung disease or pneumothorax (collapsed lung)?
11. \_\_\_ History of heart disease, angina, blood vessel or chest surgery of any kind?
12. \_\_\_ Behavioral health problems or claustrophobia or agoraphobia (fear of closed or open spaces)?
13. \_\_\_ Epilepsy, seizures, convulsions or taking medications to prevent them?
14. \_\_\_ Recurring migraine headaches or taking medications to prevent them?
15. \_\_\_ History of problems equalizing (popping) ears with airplane or mountain travel?
16. \_\_\_ History of ear disease, hearing loss ear or sinus surgery or problems with balance?
17. \_\_\_ History of bleeding or other blood disorders?
18. \_\_\_ History of ulcers or ulcer surgery?
19. \_\_\_ History of recurrent back problems or surgery?
20. \_\_\_ History of diabetes?
21. \_\_\_ History of back, arm, leg problems following surgery, injury or fracture?
22. \_\_\_ History of high blood pressure or taking medication to control blood pressure?
23. \_\_\_ History of blackouts or fainting (full or partial loss of consciousness)?
24. \_\_\_ History of any type of hernia?
25. \_\_\_ History of colostomy?

**The answers I have given on my medical history are accurate to the best of my knowledge.**

**Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**