



**AIDA (International Association for the Development of Apnea)
MEDICAL STATEMENT PAGE 1**

Name: _____

Date of Birth: _____

****IMPORTANT – PLEASE READ ****

Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. AIDA therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future.

MEDICAL QUESTIONNAIRE

The purpose of this Medical Questionnaire is to find out, if you should be examined by your doctor before participating in freedive training. A positive response to a question does not necessarily disqualify you from freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving and you must seek the advice of a physician prior to engaging in freedive activities.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES. If any of these items apply to you, we must request that you consult with a physician prior to participating in any AIDA freedive training. The physician needs to sign at the bottom of the form to say that he/she finds no medical conditions incompatible with freediving.



AIDA MEDICAL STATEMENT PAGE 2

1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels. YES NO
2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure. YES NO
3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung 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: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery. YES NO
5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. YES NO
6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing. YES NO
7. DIABETES MELLITUS: Especially 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, of history of 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: Previous history of a diving accident, decompression sickness, decompression of the inner ear or 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 effect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. YES NO



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

Signed:

Date:

Name of Freediver:

Date of Birth:

If Freediver is aged less than 18 years, this must also be signed by a parent/guardian

Signature or participant's parent or guardian: _____

PHYSICIAN TO COMPLETE

() I find no medical conditions that I consider incompatible with freediving.

() I am unable to recommend this individual for freediving.

Physician's Signature:

Physician's Name (please print):

Date:

Physician's phone number:

Physician's Stamp/Postal Address:

My signature on the above verifies that I have completely reviewed this applicant's Medical Statement and find no counter-indications for freediving.