

MARINE & NATURAL HISTORY PHOTOGRAPHY MEDICAL INFORMATION

THIS IS IMPORTANT INFORMATION FOR THOSE STUDENTS WHO WISH TO PURSUE THE UNDERWATER OPTION ON THIS COURSE.

In the interest of diving safety, Falmouth University requires that all students who wish to take part in the diving programme must provide the attached form certified by their GP before they will be accepted onto the diving course.

If you answer yes to any question you will need to get a Fitness to Dive certificate from a UKDMC referee.

Please ensure that your GP knows that the information gathered on the form is only to confirm your medical history and NOT your fitness to dive.

Please return all complete forms to Helen Perkins and Jane Morgan on this email address: dive@falmouth.ac.uk

All information will remain strictly confidential and used only to assess your medical history to determine whether further medical checks are required.

Please note your GP may charge you for this.

Medical questionnaire for completion by the candidate diver and their GP to confirm medical history (no examination is required).

| QUESTION | YES | NO |
|-----------------------------------------------------------------------------------------------------------------|-----|----|
| (Females only) Are you pregnant or likely to be pregnant? | | |
| Are you taking any prescribed or other medication? | | |
| Do you have any allergies? | | |
| Have you ever had or been treated for decompression illness? | | |
| Have you ever had or do you now have: | | |
| Cancer? | | |
| Mental health problems (including panic attacks, claustrophobia)? | | |
| Drug and/or alcohol misuse in the past three years? | | |
| Lung disease (eg chronic obstructive pulmonary disease, asthma)? | | |
| | | |
| Collapsed lung (pneumothorax)? | | |
| Injury or surgery to the chest, lungs or heart? | | |
| Disease of the heart and circulation (eg high blood pressure, angina, heart attack, chest pains, palpitations)? | | |
| Disease of the brain or nervous system (eg epilepsy, stroke, multiple sclerosis, nerve damage)? | | |
| Blackouts, recurrent fainting, collapsing or dizziness? | | |
| Motion sickness? | | |
| Migraine? | | |
| Head injury with loss of consciousness or surgery to the head? | | |
| Bone or joint problems or surgery (eg sciatica, spinal surgery)? | | |
| Ear, nose, throat or sinus problems? | | |
| Eye problems (eg loss of vision, double vision)? | | |
| Diabetes or other hormone problems? | | |
| Urinary or kidney problems or (males only) prostate problems? | | |
| Stomach or intestinal problems or surgery (including stomas)? | | |
| Skin disease? | | |
| Blood or bleeding disorders? | | |

If the candidate diver or GP has any comments on the medical history, please use another sheet.

Candidate diver - I certify that the above answers are correct:

| | |
|------------|-------|
| Full name: | Dob: |
| Address: | |
| Signature: | Date: |

GP - I confirm the medical history:

| |
|-----------------|
| Signature: |
| Date: |
| Practice stamp: |