

Student Record Folder

COURSE CHECKLIST

COURSE NAME	SCUBA DIVER	OPEN WATER SCUBA DIVER	NITROX	ADVANCED	RESCUE	FIRST AID	MASTER	SPECIALTY	TECHNICAL
COURSE TUITION PAID									
CORE ACCOUNT CREATED									
WAIVER									
MEDICAL									
ELEARNING									
CLASSROOM									
CONFINED WATER									
OPEN WATER									
EXAM COMPLETED									
OVERALL PERFORMANCE EVALUATION									
C-CARD ISSUED									

These general check-lists are provided to assist the instructor conducting the course and are not a substitute for comprehensive knowledge of the current training standards.

**ALWAYS CONSULT THE CURRENT STANDARD
FOR THE COURSE YOU ARE TEACHING.**



RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Snorkeling, Skin and/or Scuba diving. I fully understand that these risks can lead to severe injury and even loss of life. I understand that diving operations may be conducted at a site that is remote from a recompression chamber and competent medical assistance. Nevertheless, I choose to proceed even in the absence of a recompression chamber and competent medical assistance. Additionally, I understand that there are also risks associated with dive travel, including, but not limited to the possible injury or loss of life as a result of a dive boat accident, as well as travel to and from dive sites. Despite the potential hazards and dangers associated with the activity of diving, I wish to proceed and I freely accept and expressly assume all risk, dangers and hazards that may arise from diving activities which could result in personal injury, loss of life and property damage to me.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Snorkeling, Skin and/or Scuba Diving activities as well as the use of any of the facilities and the use of the equipment of the below listed releasees, I hereby agree as follows:

- 1. TO WAIVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of intentional, wanton or willful misconduct that I may have in the future against any of the following named persons or entities (hereafter referred to as Releasees): National Association of Underwater Instructors (NAUI):
Instructor(s): _____
Faculty(ies): _____
Other(s): _____
2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claims or causes of action that I, my estate, heirs executors or assigns may have for personal injury, property damage or wrongful death arising from Snorkeling, Skin and/or Scuba diving activities whether caused by active or passive negligence of the releasees or otherwise with the exception of gross negligence. By executing this document, I agree to hold the releasees harmless for any injury or loss of life which may occur to me during Snorkeling, Skin and/or Scuba diving activities and/or instruction.
3. By entering into this agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America.
4. If any provision, section, subsection, clause or phrase of this release is found to be unenforceable or invalid, that portion shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable portion had never been contained in this document.

I HEREBY DECLARE THAT I AM OF LEGAL AGE AND AM COMPETENT TO SIGN THIS AGREEMENT OR, IF NOT, THAT MY PARENT OR LEGAL GUARDIAN SHALL SIGN ON MY BEHALF, AND THAT MY PARENT OR LEGAL GUARDIAN IS IN COMPLETE UNDERSTANDING AND CONCURRENCE WITH THIS AGREEMENT.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian _____ Date _____

Witness (Name) _____ Signature _____

INSTRUCTOR/LEADER CONFIRMATION

I HAVE REVIEWED THIS AGREEMENT AND CONFIRM THAT IT HAS BEEN PROPERLY COMPLETED.

Signature of Instructor/Leader _____ Date _____

(Obtaining reaffirmation signatures is appropriate when beginning open water training, for continuing education or following a prolonged interruption in training. A release of liability, waiver of claims, express assumption of risk and indemnity agreement and medical history form must be completed for each course.)

PLEASE NOTE THE FOLLOWING EXCERPT FROM THE "WARRANTIES FOR TRAINING"
"Each student shall be required to complete a medical history form at the beginning of training. The beginning of training is defined as the commencement of in-water training activities. A written release for each student must also be completed at the beginning of training."

☼ Scuba Diver	S	I
Open Water Scuba Diver		
☼ Applied Sciences		
☼ Diving Equipment		
☼ Diving Safety		
☼ Diving Environment		
☼ Diving Activities		
☼ Continuing Education		
Swimming		
☼ Minimum 15 continuous stroke cycles		
☼ 10 minute survival swim		
☼ 15m/50ft underwater swim on one breath		
Skin Diving		
Swim 412m/450yd nonstop, breathing from snorkel		
Recover diver simulating unconsciousness from 3m/10ft of water		
Using proper techniques perform:		
☼ *Water entries and exits (snorkel & scuba)		
Surface dives		
Surface swimming		
Clearing the snorkel		
Ditching the weight system		
Buoyancy Control		
Underwater swimming and surfacing		
Scuba Diving Skills		
☼ *Select, check, assemble, adjust, and don equipment		
☼ *Perform pre-dive gear check for self and buddy		
*Defog masks		
☼ *Doff, disassemble, rinse, and care for gear		
Surface Skills		
☼ *Perform surface buoyancy/weighting check		
☼ Surface communications for divers		
☼ *Orally inflate and deflate BC		
*Remove and replace equipment		
*With face submerged, breathe through snorkel while resting and swimming		
With face submerged, breathe through water in the snorkel without choking		
☼ *Regulator and snorkel exchange while swimming		
Release a simulated muscle cramp from self and buddy		
☼ Entry/exit the water w/a float and/or flag (if applicable)		
Deploy and retrieve a surface marker buoy		
*Surface removal and replacement of the scuba unit		
☼ *Demonstrate proper use of the selected weight system		
Ascent/Descent Skills		
☼ *Control pressure in the air spaces		
*Control feet first descent with breath or BC		
☼ *Controlled ascent with precautionary stop		
Planning Skills		
Surface air consumption rate calculation		
Plan and make a no-required-stop dive to a depth between 12 to 18m/40 to 60ft		
Calculate a no-required-stop repetitive dive using dive tables or computers		
Environmental Skills		
☼ Diving with minimal impact on environment		
☼ Aquatic Life Identification		

Underwater Skills		
☼ *Give, recognize, and respond appropriately to U/W signals		
☼ *Mask clearing, including removal and replacement		
☼ *Breathe from scuba underwater without a mask		
*Mask-off swim for a distance of 15m/50ft		
☼ *Remove, replace, and clear a regulator		
☼ *Primary regulator recovery		
☼ *Proper power inflator usage		
☼ *Environmentally appropriate buoyancy control		
*Hover without support		
☼ *U/W swimming with position and trim appropriate to the environment		
☼ *Environmentally appropriate propulsion (Scuba Diver only)		
*Removal and replacement of the scuba unit		
☼ *Ballast removal/replacement and adjustment		
☼ Use the buddy system		
☼ Monitor instruments and communicate		
Environmental and compass navigation		
Compass navigation, bearing and reciprocal		
Emergency Skills		
☼ Problem solving underwater		
Transport simulated exhausted buddy min. 46m/50yd		
☼ *Share air as both donor and receiver while stationary		
☼ *Perform controlled emergency swimming ascent		
☼ *Air share as both donor and receiver while ascending		
*Retrieve unconscious diver from 3m/10ft		
Minimum Scuba Diver Dives: 2		
Minimum Open Water Diver Dives: 4		
Enriched Air Nitrox Diver		
	S	I
Academic Topics		
History of nitrox as a breathing gas		
Dalton's law of partial pressures		
Physiology of oxygen and nitrogen		
EANx depth limits		
EANx advantages		
EANx disadvantages		
EANx risks		
Oxygen toxicity		
Hazards and precautions of handling oxygen		
Equivalent Air Depth		
Use of EANx with standard air, EANx, or RGBM-based dive tables		
Common gas mixing procedures		
Gas analyzing procedures		
Dive planning: ODIGTML		
Practical Skills		
Demonstrate ODIGTML Dive Planning		
Two dives planned using EANx, one must be a repetitive dive		
Analyze breathing gas		
Open Water Dives Encouraged, Not Required		
☼ = Select skills required for ISO Level 1 Scuba Diver Course		
* = Skills marked with an asterisk " * " must be introduced in confined water, prior to conducting in open water.		

NAME: _____ COURSE: _____

DATE OF BIRTH: ____ / ____ / ____ E-MAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Advanced Open Water Scuba Diver	S	I
Academic Topics		
Intro to Navigation, planning and debriefing		
Intro to Night/low vis., planning and debriefing		
Intro to Deep Dive, planning and debriefing		
Intro to _____, planning and debriefing		
Intro to _____, planning and debriefing		
Intro to _____, planning and debriefing		
Practical Skills		
Review dive planning, rescue skills, and assist skills		
Record dives in logbooks		
Conduct appropriate skills for required & elective dives		
Required Dives		
Navigation		
Night or low visibility diving		
Deep diving (40m/130ft maximum depth)		
Elective Dive Choices		

Minimum Open Water Dives: 6

Rescue Scuba Diver / Advanced Rescue Scuba Diver	S	I
Academic Topics		
☛Causes & prevention of diving accidents		
☛Diving first aid		
☛Diving assists/rescue techniques (self and buddy)		
☛First aid and CPR skill review		
☛Diving first aid kits and oxygen delivery systems		
☛Recompression therapy		
☛Accident management/reporting		
☛Emergency procedures		
☛Information collection and transmittal		
☛Liability/legal considerations		
Practical Skills		
☛Current First Aid/CPR certification		
Oxygen administration		
☛Identify and assist with:		
☛Muscle cramp		
☛Rapid shallow breathing		
☛Exhaustion		
☛Signs of pre-panic		
☛Breathing difficulties (incl. cold water, tight equipment)		
☛Scuba Diver Rescue		
☛Remove a non-breathing diver from water w/aid of assistant		
Swimming		
Swim 207m/225yd nonstop, any stroke		
Survival swim for 15 minutes		
Recover 10lbs (4.5kg) from a depth of about 3m/10ft		
Skin Diving		
Swim 412m/450yd nonstop, breathing from snorkel		
Recover diver simulating unconsciousness to the surface from a depth of about 3m/10ft		
Demonstrate all Skin Diver skills		

Scuba Diving Skills		
Check, assemble, adjust and don equipment		
Remove and replace mask, snorkel, fins, weight system and scuba unit (Surface)		
Remove, replace and clear mask and regulator (Underwater)		
Comfortably breathe from a regulator without wearing a mask (2 mins)		
Buddy breathe, and share air using an alternate air source.		
Demonstrate surface use of the BC and the ability to hover underwater		
Perform a Scuba Diver Assist		
Emergency/Rescue/Problem Solving		
Demonstrate the use of rescue floats, rescue lines and backboards.		
Identify and assist as a skin and scuba diver:		
A muscle cramp		
Fatigue		
Early panic symptoms		
Breathing difficulties		
Stress/early panic signs		
Loss of buoyancy control		
Loss of orientation		
Lost diver		
Diver assist		
Exit assist		
Retrieval from depth		
Diver extrication		
On an open water dive, demonstrate emergency first aid procedures for:		
Signs and symptoms of decompression illness		
Unconsciousness with respiratory arrest		
Vomiting with unconsciousness		
Seizure		
Prepare a written accident management plan including:		
A dive accident management briefing to a group of certified divers		
Simulated activation of EMS		
Assignment of duties to assistants and onlookers		
Preparations for victim evacuation and transport		
Victim identification and accident information tag		

Minimum Rescue Dives: 1

Minimum Advanced Rescue Dives: 4

Comments/Notes:



EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, RELEASE OF LIABILITY AND WAIVER OF CLAIMS

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING

EXPRESS ASSUMPTION OF RISK ASSOCIATED WITH DIVING AND RELATED ACTIVITIES

I _____ do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with snorkeling, skin and/or scuba diving, and instruction related thereto ("Diving Activities").

I understand that these risks can lead to severe injury and even loss of life.

I understand that diving with compressed air involves certain inherent risks; including but not limited to decompression sickness, embolism or other hyperbaric/air expansion injury that require treatment in a recompression chamber.

I understand that snorkeling, skin diving and scuba diving are physically strenuous activities and that I will be exerting myself during Diving Activities, and that if I am injured as a result of heart attack, stroke, panic, hyperventilation, drowning or any other cause, that I expressly ASSUME THE RISK of said injuries and that I will not seek to hold any other party responsible for the same.

I understand that Diving Activities may be conducted at a site that is remote, either by time or distance or both, from a recompression chamber and competent medical assistance. Despite this, I choose to proceed with these Diving Activities even in the absence of a recompression chamber and competent medical assistance.

I understand that there are hazards and risks associated with travel to and from dive sites ("Dive Travel"), including, but not limited to the possible injury or loss of life as a result of a boating accident

Regardless of the potential hazards and risks associated with Diving Activities and Dive Travel, I wish to proceed and I HEREBY PERSONALLY ASSUME ALL HAZARDS AND RISKS, including possible personal injury, loss of life and/or property damage, arising out of or in connection with Diving Activities and/or Dive Travel, whether foreseen or unforeseen, that may befall me while I am a participate in these activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT:

In consideration of being allowed to participate in Diving Activities, Dive Travel, and use the facilities and equipment of the parties listed below, I understand and agree that neither my:

Instructor(s): _____

The facility through which I receive my instruction: _____

Others: _____

nor the National Association of Underwater Instructors, Inc., nor their affiliate and subsidiary organizations, nor any of their respective employees, officers, directors, representatives, agents, contractors, volunteers, or assigns (hereinafter collectively referred to as the "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me or my property that may occur as a result of my participation in Diving Activities or Dive Travel, or as a result of the negligence of any party, including the Released Parties, whether passive or active, foreseen or unforeseen.

I HEREBY WAIVE AND RELEASE ANY AND ALL CLAIMS OR CAUSES OF ACTION THAT I, MY ESTATE, HEIRS, EXECUTORS OR ASSIGNS MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR LOSS OF LIFE BASED UPON NEGLIGENCE, ACTIVE OR PASSIVE WITH THE EXCEPTION OF GROSS NEGLIGENCE, FORESEEN OR UNFORESEEN, WHICH ARISE FROM DIVING ACTIVITIES OR DIVE TRAVEL.

By executing this Agreement, I agree to hold the Released Parties harmless from and against all claims or causes of action for any personal injury, property damage, or loss of life which may occur during Diving Activities or and/or Dive Travel.

I hereby declare that I am of legal age and am competent to sign this Agreement, or if not, that my parent or legal guardian shall sign on my behalf and that my parent or legal guardian is in complete understanding and concurrence with this Agreement.

I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the Released Parties other than what is set forth in this Agreement.

I agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of California, United States of America. If any provision, section, subsection, clause or phrase of this Agreement is found to be unenforceable or invalid, that part shall be stricken from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable or invalid part had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties on my behalf or as a result of my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, I AGREE TO BE BOUND BY IT.

Signature of Participant _____ Date _____

Witness (Name) _____ Signature _____

Signature of Parent or Guardian If Participant Is a Minor, and by their signature they, on my behalf release all claims that both they and I have.

Signature of Parent or Guardian _____ Date _____

Witness (Name) _____ Signature _____



ADDENDUM FOR USE IN FLORIDA
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF _____

(RELEASEES) USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM _____

(RELEASEES) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND _____

(RELEASEES) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Signature of Natural Guardian

If Participant Is A Minor, by my signature, I release all claims that both they and I have.

_____ Date _____
(Natural Guardian's Signature if participant is a minor)

INSTRUCTIONS FOR ADDENDUM FOR USE IN FLORIDA

These instructions are to assist you in completing the Addendum for Use in Florida.

1. The Addendum for Use in Florida must be completed for all snorkeling, skin and/or scuba diving instruction or supervised activity which takes place within the State of Florida.
2. The Addendum for Use in Florida must be completed with respect to all minor children who participate in snorkeling, skin and/or scuba diving instruction or supervised activities in the State of Florida, regardless of whether the minor child and/or the natural guardian is a resident of or lives in the State of Florida.
3. A minor child, as that term is used in the Addendum for Use in Florida, means a person under 18 years of age at the time the Addendum for Use in Florida is completed.
4. The Addendum for Use in Florida is **NOT** a replacement for the release of liability, waiver of claims, express assumption of risk and indemnity agreement, but is to be completed in addition to that agreement when a minor child is the participant.
5. Please make sure that the Addendum for Use in Florida is completed, signed, and dated before any participation by a minor child in any snorkeling, skin and/or scuba diving instruction and/or supervised activity takes place.



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered NO to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* **If you answered YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego



NAUI Statement of
Understanding and Student
Learning Agreement for Skin
and Scuba Diving Training

The diving course you are about to begin is an exciting and demanding challenge. It will allow you to eventually explore the “other three-fourths” of our planet that is underwater. To accept the call of underwater adventure, you must be aware of the risks involved in the sport and be willing to study and practice to achieve success.

This course will require heavy physical exertion. You will need to be able to equalize pressure in your ears and sinuses. Your breathing and circulatory systems must also be in good health. You will need to complete a medical history form and your instructor may require you to be examined by a physician. You will also need to read, discuss and sign a waiver, release and indemnity agreement, and this document. If you are a minor, you will need to have this form and your medical form signed by a parent. These forms are returned to the instructor for the course files. Skin and scuba diving are equipment sports. Some equipment is personal and needs to be purchased. Other equipment can be rented or will be provided during the course. Do not purchase equipment until it has been discussed in class and you know how to evaluate your purchases.

The cost of this course is: _____, and includes: _____

Additional costs in order to complete the course will be: _____

You will need to purchase the following equipment: _____

It should cost approximately: _____

Important information is included in every course session. Because diving is built from a few basics to more complex concepts, you must attend every session or your training will be incomplete. You will be required to make up any missed sessions. Bring paper and pencil to take notes in class. Your notes will help you study for the classroom evaluations. You will need to successfully complete a final examination and successfully demonstrate all required skills in open water in order to be certified.

This course meeting times are: _____

Open water training sessions are subject to the instructor's assessment of environmental conditions and will be **announced during the course, but you can plan on making** – open water dives that are tentatively scheduled for: _____

NAUI Worldwide has developed diver education systems to help you study and become familiar with diving terminology and understand the concepts and physical laws that apply to skin and scuba diving. Complete education systems have been packaged for each level of training, for example, the NAUI Scuba Diver Education System for the NAUI Scuba Diver Course contains a textbook, dive tables, log book, plus a video and audio tape presentation of the academic content. Everything you need to pre-study or review the academic material, in a format that is consistent with your dominant learning style, is contained in the system. Whether assigned in conjunction with scheduled classroom sessions or as a whole, the education systems approach to diver training will help you be a better diver. You may purchase yours at: _____

I understand and agree that by enrolling in this course I am incurring obligations for attendance, skill performance and financial responsibility. I understand and agree that mastering the subject matter and skills of skin and scuba diving are largely dependent on me. That my instructor is only able to assist and guide me as I proceed through the training process. That my accounts with the facility and/or the instructor must be settled before I will receive my NAUI certification card. I also understand and agree that learning to skin or scuba dive requires a commitment of time, money, cooperation and practice in order to be certified. I am willing to accept the risks and responsibilities for my own actions. I understand that the instructor must make the final judgment as to my competency to be a safe diver and be awarded certification.

Printed Name

Signature

Date

Parent or guardian if student is under 18

Signature

Facility or Instructor's name

Authorized signature