



## SNORKELING SILFRA MEDICAL STATEMENT

To be read and signed by each participant.

Please answer YES or NO to the following questions about your past and present medical history.

**Section 1:** Do any of the following apply to you? A **YES** in this section means that unfortunately we cannot take you on our snorkeling tour. This is for your own safety!

- \_\_\_\_\_ Any kind of heart or blood vessel disease?
- \_\_\_\_\_ Heart attack?
- \_\_\_\_\_ Angina, heart surgery, or blood vessel surgery?
- \_\_\_\_\_ Are you pregnant?
- \_\_\_\_\_ Any form of lung disease? (Excluding Asthma – see sections 3)
- \_\_\_\_\_ Pneumothorax (collapsed lung), other chest disease or chest surgery? (Excluding a pneumothorax following trauma to the chest that is fully recovered – see section 2)

**Section 2:** Do any of the following apply to you? A **YES** in this section means that you need to get medical clearance from a doctor in order to participate in the tour. The required medical is on page two of this document.

- \_\_\_\_\_ Age 65 or older?
- \_\_\_\_\_ High blood pressure or taking medication to control blood pressure?
- \_\_\_\_\_ Often suffer from severe dizziness, fainting or unconscious spells?
- \_\_\_\_\_ Cancer or cancer treatment within the last 2 years?
- \_\_\_\_\_ Severe Head injury with loss of consciousness and with lasting effect in the last 2 years?
- \_\_\_\_\_ Currently taking prescription medication(s) that might affect your ability to participate?
- \_\_\_\_\_ Ongoing complications due to Covid-19 or were hospitalized for Covid-19
- \_\_\_\_\_ High cholesterol
- \_\_\_\_\_ History of heart disease in the immediate family
- \_\_\_\_\_ Pneumothorax (collapsed lung) due to trauma (e.g. vehicle accident)
- \_\_\_\_\_ Other condition that will affect my physical or mental ability to participate safely

**Section 3:** Do any of the following apply to you? If **YES** please let us know

- \_\_\_\_\_ Reduced mobility – assistance required
- \_\_\_\_\_ Asthma – (not exercise or cold induced) – please let your guide know and give them your inhaler if it needs to be with you in the water.
- \_\_\_\_\_ Diabetes – insulin dependent diabetics must make sure that their BG is stable or rising and must give their guide a form of liquid glucose to take with them in the water

I fully understand the content of this form and the information I have provided about my medical history and fitness is accurate to the best of my knowledge. I accept responsibility for omissions that are a result of my failure to disclose any existing or past medical health condition/s.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature of Parent/Legal Guardian if under 18: \_\_\_\_\_



ADVENTURE  
VIKINGS

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