

Declaration on the state of health for:

Name of the student (in block letters)



Confidential information
Please read carefully before signing!

The purpose of this statement is to inform you about the possible risks of scuba diving and the rules of conduct you must follow during scuba training.

Before starting the training, it is necessary to read this declaration carefully together with the "Information on health status" and to fill it in completely and sign it to the best of your knowledge and belief.

Diving is a very safe sport. However, the prerequisite for this is correct behavior and the correct application of the techniques learned. Otherwise there are risks.

On the one hand, these possible risks are due to the diving itself. Your instructor will instruct you in the necessary techniques, e.g. breathing and pressure compensation as well as safe use of the technical equipment. Incorrect use of the equipment or incorrect behaviour can lead to serious, in extreme cases life-threatening injuries.

Therefore it is essential to learn the use of the equipment and diving

techniques under the supervision and supervision of a qualified instructor.

On the other hand, there are risk factors that are rooted in your person.

Diving can be physically and mentally very demanding. In order to dive safely, a certain fitness is essential. You should neither be extremely overweight nor completely untrained. Your breathing and circulation must be healthy. A person with heart problems, epilepsy, asthma, severe cold, diseases of the gastrointestinal tract or other significant health problems should not dive without further ado. This also applies to persons who are under the influence of medication, narcotics, alcohol or other drugs.

Therefore, please fill out the "Information on health" carefully and completely. If you take medication regularly, please consult a doctor and talk to your instructor.

If you have any questions while filling out this form, please discuss please discuss this with your instructor.

Information on the state of health

The following questions are designed to determine whether a medical examination is indicated before beginning the dive training. Please answer each of the following questions either "yes" or "no". If you are unsure, please write "yes". A question answered with "yes" does not mean that you cannot practice diving. It is only an indication of a risk factor that requires medical clarification to ensure your safety while diving. In this case, a medical examination and advice from a diving doctor must be carried out before you start diving.

Please discuss any questions with your instructor.

_____ Could it be that you are pregnant, or are you trying to get pregnant?	_____ Are you unable to perform moderate efforts (e.g. walking fast, about 1.5 km in 10 minutes)?	_____ Have you ever had lung or heart surgery in the past?
_____ Are you taking regularly prescribed or non-prescribed medication? (Except contraceptives)	_____ Do you suffer from shortness of breath even after light exertion?	_____ Do you suffer from other diseases of the lungs or respiratory tract?
_____ Do you drink alcohol regularly?	_____ Does a vascular disease exist or existed? Have you or have you ever had a vascular occlusion caused by a blood clot (thrombosis / embolism)?	_____ Have you ever had a pneumothorax / torn lung?
_____ Do you use other drugs?	_____ Have you ever been operated on the blood vessels?	_____ Do you snore a lot?
_____ Do you suffer from allergies?	_____ Do you have difficulties with pressure equalization, e.g. when flying or driving in the mountains?	_____ Do you suffer from diabetes mellitus?
_____ Is there increased bleeding or bruising or is a known coagulation disorder?	_____ Do you suffer from frequent infections of the airways or sinuses?	_____ Do you have a high cholesterol level?
_____ Do you have implants in your body (e.g. after bone fractures, pacemakers)?	_____ Have you ever had surgery on the respiratory tract, ears or sinuses?	_____ Do you suffer from epilepsy or seizures or do you take medication to prevent them?
_____ Have you ever had a decompression illness or accident related to overpressure or compressed air?	_____ Do you suffer from frequent nausea during boat or car rides?	_____ Do you suffer from frequent severe headaches or migraines or do you take medication to avoid them?
_____ Have you ever had surgery for fractures or back problems?	_____ Do you suffer from ear diseases, hearing loss or balance disorders?	_____ Do you suffer from depression or an anxiety disorder or do you take medication to avoid them?
_____ Have you ever had a heart attack?	_____ Do you smoke (cigarette, cigar, pipe, e-cigarette)?	_____ Do you have a soft tissue hernia (groin, abdominal wall, thigh, diaphragm hernia)?
_____ Do you have high blood pressure?	_____ Do you suffer from asthma or COPD?	_____ Are diseases of the gastrointestinal tract known (e.g. heartburn)?
_____ Do you have a known heart condition?	_____ Do you currently have an acute cold?	_____ Have you ever been operated on the gastrointestinal tract?
_____ Do you suffer from heart muscle weakness?		_____ Do you suffer from any other health disorders that are not explicitly asked about here?

I hereby declare that the above information concerning my state of health is complete, accurate and given to the best of my knowledge and belief. I confirm that I will inform my instructor of any change in my health during the course and I take full responsibility if I fail to do so.

Name (block letters)

Signature (for minors, signature of parent or legal guardian)

Date

Name of the signatory (in block letters)

Signature (for minors the legal guardian)

Date