



Participant Name: \_\_\_\_\_

**\*\*IMPORTANT – ATHLETE MUST READ DOCUMENT IN FULL\*\***

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.

AIDA International's Competition Rules require a medical certificate of non-contraindication to freediving in order to participate in AIDA competitions (Section 3.1.8). This Certificate meets the requirement of Section 3.1.8. It must be signed by a doctor, include contact information, and be dated less than one year prior to the start of the competition.

Please answer the following questions on your past or present medical history by ticking the box marked **YES** or **NO**. If you are not sure, answer **YES**.

		YES	NO
1	<b>Neurological Conditions:</b> Especially any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels.		
2	<b>Cardiovascular Conditions:</b> Especially heart attack, heart surgery, irregular heartbeat, and/or uncontrolled elevated blood pressure.		
3	<b>Pulmonary Conditions:</b> History of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, significant lung squeeze, any lung squeeze producing pink foam or blood or any lung problem which Interferes with your ability to breathe.		
4	<b>Ear Conditions:</b> 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.		
5	<b>Sinus Conditions:</b> Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or Persistent sinus infection.		
6	<b>Asthma:</b> 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.		
7	<b>Diabetes Mellitus:</b> 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.		
8	<b>Pregnancy:</b> If you are presently pregnant or planning to become pregnant.		
9	<b>Freediving/Scuba Diving Conditions:</b> Previous history of a diving accident, decompression sickness, and/or decompression of the inner ear of air.		
10	<b>Medication:</b> Any medication taken on a regular basis either over-the-counter or prescribed by a physician.		
11	<b>General Medical Problems:</b> Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress.		

If answering **YES** to any above question, please elaborate:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Parent/Legal Custodian (if age less than 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Athlete: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_



**PHYSICAL EXAMINATION:** (Must be completed by a licensed Physician, Nurse Practitioner, or Physician's Assistant)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_ Sats(%): \_\_\_\_\_

	Normal	Abnormal	Explain Abnormal Findings:
General Appearance:	<input type="checkbox"/>	<input type="checkbox"/>	_____
HEENT:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cardiac/Pulses:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neuro:	<input type="checkbox"/>	<input type="checkbox"/>	_____

Cleared for participation in freediving.

Cleared after completion of additional evaluation for condition of: (medical waiver must be attached): \_\_\_\_\_

Not cleared for the participation in freediving related activities due to: \_\_\_\_\_

Additional Recommendations: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Name (Block Capitals): \_\_\_\_\_

Physician's Stamp or 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.