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UK'S N°1 DIVE STORES

Maiden Lane Centre, Lower Earley, Reading,
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Phone: 0118 926 2288, Fax: 0118 926 9616,

Website: www.divestyle.co.uk

Opening Hours: 10am – 6pm Monday to Friday, 10am – 5pm Saturday, late night 8pm Wednesday

PERSONAL DETAILS											
Title	Forename				Surname						
Address											
										Postcode	
Daytime Tel				Mobile Tel				Evening Tel			
Email Address											
Date of Birth						Current Certification Level					
Approximate Sizing for Dive Equipment											
Height		Chest		Waist		Hips		Weight		Shoe	
How did you hear about DiveStyle?											

COURSE DETAILS			
Course Title		Crew Pack Issued Date	
Course Fee		Location	
		Course Start Date	
OW Weekend DVD Issued		Qualifying Dives Letter Sent	
Medical Form Overleaf Completed	Yes/No	Learning Agreement Completed	Yes / No
(The following items also apply beyond Open Water course)			
Statement of Risk & Liability Completed	Yes/No	Statement of Safe Diving Completed	Yes / No
Certified Divers Risk Completed	Yes/No		

DiveStyle Terms and Conditions
<ul style="list-style-type: none"> • DiveStyle reserves the right to vary or cancel, at their discretion, a course or its content, where the circumstances or weather necessitate. • Payment must be received 21 days prior to the start of the course. • Cancellations and Transfers of course date received more than 21 days before the course will receive a full refunded. Cancellations and transfers received less than 21 days before the course will receive no refund. A £75.00 (VAT included) administration fee will be charged for transfer of date or course. • Refunds. No refunds of any monies paid will be given once a course has started. A course is deemed to start on issue of any course materials or on commencement of training. • Lost or damaged equipment (caused by student) must be paid for by the student.

Divers Medical Questionnaire

To the Participant:

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a pre-existing condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

Please answer the following questions on your past or present medical history with a **YES** or **NO**. If you are not sure, answer **YES**. If any of these items apply to you, ***we must request that you consult with a physician prior to participating in scuba diving.*** Your instructor will supply you with a RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

_____ Could you be pregnant or are you attempting to become pregnant?

_____ Are you presently taking prescription medications?

(with the exception of birth control or anti-malarial)

_____ Are you over 45 years of age and can answer YES to one or more of the following?

- currently smoke a pipe, cigars or cigarettes
- have a high cholesterol level
- have a family history of heart attack or stroke
- are currently receiving medical care
- high blood pressure
- diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

_____ Asthma, or wheezing with breathing, or wheezing with exercise?

_____ Frequent or severe attacks of hay fever or allergy?

_____ Frequent colds, sinusitis or bronchitis?

_____ Any form of lung disease?

_____ Pneumothorax (collapsed lung)?

_____ Other chest disease or chest surgery?

_____ Behavioural health, mental or psychological problem.

(Panic attack, fear of closed or open spaces)?

_____ Epilepsy, seizures, convulsions or take medications to prevent them?

_____ Recurring complicated migraine headaches or take medications to prevent them?

_____ Blackouts or fainting (full/partial loss of consciousness)?

_____ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

_____ Dysentery or dehydration requiring medical intervention?

_____ Any dive accidents or decompression sickness?

_____ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?

_____ Head injury with loss of consciousness in the past five years?

_____ Recurrent back problems?

_____ Back or spinal surgery?

_____ Diabetes?

_____ Back, arm or leg problems following surgery, injury or fracture?

_____ High blood pressure or take medicine to control blood pressure?

_____ Heart disease?

_____ Heart attack?

_____ Angina, heart surgery or blood vessel surgery?

_____ Sinus Surgery?

_____ Ear disease or surgery, hearing loss or problems with balance?

_____ Recurrent ear problems?

_____ Bleeding or other blood disorders?

_____ Hernia?

_____ Ulcers or ulcer surgery?

_____ A colostomy or ileostomy?

_____ Recreational drug use or treatment for, or alcoholism in the past five years?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

I accept the DiveStyle Terms and Conditions.

Name

Signature

Date