



PERFORMANCE FREEDIVING MEDICAL FORM

Name: _____

Date of Birth: _____

~ IMPORTANT - PLEASE READ ~

Some pre-existing physical conditions may increase your risk of injury while taking part in freedive/breath-hold activities. Because of this, Performance Freediving International (PFI), has developed the following medical questionnaire to make you aware of these conditions. Failure to address these conditions with a doctor prior to engaging in freedive breath-hold diving activities may endanger your safety as well as the safety of any person you may dive with.

MEDICAL QUESTIONNAIRE

Please read each question carefully and answer it by checking either YES or NO. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in PFI endorsed activities/events/competition, but a positive answer requires you to review this form with a physician to obtain their assessment and clearance for you to participate in any in-water activities.

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| 1 NEUROLOGICAL CONDITIONS: Any history or current condition related to seizure disorder, stroke, brain surgery, black out, severe migraine headaches, vertigo or dizzy episodes, significant head injury or aneurysm of the brain's blood vessels. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 CARDIOVASCULAR CONDITIONS: Any history or current condition related to heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), heart murmur, known PFO, acute pulmonary edema associated with swimming or diving. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 PULMONARY CONDITIONS: Any history or current condition related to spontaneous collapsed lungs, collapsed lungs due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 EAR CONDITIONS: Any history or current condition related to permanent holes of the eardrums, history of ruptured eardrums, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, otitis media, middle ear infection, severe surfer's ear or major ear surgery. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 SINUS CONDITIONS: Any history or current condition related to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery or persistent sinus infection. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 ASTHMA: Any history or current condition related to asthma or asthma attacks, wheezing caused by exercise, anxiety, cold, fatigue, etc. Any history or current condition requiring medication and/or use of an inhaler for control of wheezing. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 DIABETES MELLITUS: Any history or current condition related to 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. Also, any history or current condition related to elevated blood sugar during pregnancy. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 PREGNANCY: Are you pregnant or currently planning to become pregnant? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 FREEDIVING / SCUBA DIVING CONDITIONS: Any history or current condition related to a diving accident, decompression sickness, decompression of the inner ear or air embolus. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 GENERAL MEDICAL PROBLEMS: Any physical, psychiatric/psychological or emotional condition not referenced above that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please use this space to describe any "YES" answers to any question above: _____

I certify that I have answered the above questions accurately and honestly.

Signed: _____ Dated: _____

Witnessed: _____ Dated: _____

Doctors name / stamp _____ Doctors signature _____ Date _____

My signature above certifies that I have reviewed the above-named individual's medical form with them and find no medical contraindications for their participation in breath-hold and freediving activities.