



# AIDA MEDICAL STATEMENT

## IMPORTANT - PLEASE READ

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. **Therefore a medical examination is a MUST in order to perform freediving in a safe and responsible way. The form below can help you to pre-assess risk factors for freediving, and a YES does not necessarily mean freediving is not possible, however the final release can only be given by a physician.**

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**.

**NAME OF FREEDIVER** \_\_\_\_\_

**YES NO**

1	<b>Medication:</b> Any medication taken on a regular basis either over-the-counter or prescribed by a physician? If yes, please specify		
2	<b>Mental and Mood Conditions:</b> Current or history of mental illness or mood disorder including, but not limited to schizophrenia, paranoid disorder, bouts of hysteria. If yes, please specify		
3	<b>Neurological Conditions:</b> Including, but not limited to any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels. If yes, please specify		
4	<b>Cardiovascular Conditions:</b> Including, but not limited to heart attack, heart surgery, irregular heartbeat, pacemaker, uncontrolled elevated blood pressure. If yes, please specify		
5	<b>Pulmonary Conditions:</b> Including, but not limited to asthma, history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, any lung problem which interferes with your ability to breathe. If yes, please specify		
6	<b>Ear, nose and throat Conditions:</b> Including, but not limited to tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, persistent sinus infection, permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in ear-drums, severely impaired hearing or hearing loss in one or both ears, major ear surgery. If yes, please specify		
7	<b>Eye Condition:</b> Including, but not limited to severe myopia, contact lens, retinal detachment, eye surgery. If yes, please specify		
8	<b>Diabetes Mellitus:</b> 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. If yes, please specify		



9	<b>Freediving/Scuba Diving History:</b> Including, but not limited to previous history of a diving accident, severe blackout, decompression sickness, decompression of the inner ear of air, reverse block, lung squeeze, any lung squeeze producing pink foam, pulmonary bleeding If yes, please specify		
10	<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 yes, please specify		
11	<b>Pregnancy:</b> If you are presently pregnant.		

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

I am responsible for omission regarding my failure to disclose any current or past health condition.

Name of Freediver

Signed:

Date of Birth\*:

Date:

\*If the Freediver is aged less than 18 years, this must also be signed by a parent/guardian

Signature of participant's parent or guardian:

**Physician to complete**

- ☐ I find no medical conditions that I consider incompatible with freediving  
☐ I am unable to recommend this individual for freediving

Name of Freediver:

Physician's Name:

Physician's Signature:

Date:

Physician's phone number:

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.