

## APPENDIX 10

### KAUST SNORKELING MEDICAL DECLARATION AND EXPERIENCE

Snorkel diving can be a strenuous physical activity, and may increase the health and safety risk for persons suffering from some medical conditions.

Do you suffer from any of the following medical conditions?

Please answer yes or no to the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Heart disease                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High or low blood pressure                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath (especially when exercising) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Emphysema  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chronic bronchitis or persistent chest complaint | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tuberculosis or other long-term lung disease     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fainting, seizures or blackouts                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Epilepsy   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Recent head injury or concussion                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes (especially if needing medication)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, comments if desired:

#### Snorkeling and SCUBA diving history:

How often have you been snorkeling before?

- Never  
 1-5 times  
 6-20 times  
 20+ times

Do you have a SCUBA diving certification?

- Yes  No

Have you previously had a dive medical?

- Yes  No

If yes, on what date (please attach copy if possible): \_\_\_\_\_

FULL NAME (please print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_