



Medical Statement for Diving

This is a Medical statement in which you are informed of the key risks involved in scuba diving, and the conduct expected of you during your Dive experience at Cairns Aquarium and Reef Research Centre. It is mandatory to have visitors and customers to read and sign the below Medical Statement and Medical Questionnaire prior to diving.

Please fill out the below table:

| Full Name | Experience* | Comments |
|-----------|-------------|----------|
| | | |

*1= dived in the previous 24 months but not licensed, 2= good swimmer never dived before, 3= not good swimmer and never dived before.

Please read the following carefully prior to booking.

You MUST be at least 14 years old to participate. Any diver under the age of 18 must have a parent or guardian in attendance at the dive safety briefing on the day and during the duration of the dive.

You MUST have a reasonable understanding of the English language or supply an interpreter that is deemed by CARRC staff to be a fair & reasonable person.

Scuba diving with Marine Life can be both exciting and challenging. To scuba dive safely it is important that all established safety procedures are followed.

Diving can be strenuous under certain conditions and therefore, you must be in good health and not suffer from:

- 1) respiratory and circulatory problems,
- 2) coronary disease,
- 3) cold or congestion,
- 4) epilepsy,
- 5) any severe medical problem/s
- 6) ear problem

Diving cannot be performed if you are under the influence of drugs and/or alcohol. Ingesting alcohol within 8 hours prior to your diving will exclude you from being able to participate.

Flying within 12 hours after your dive can increase your risk of decompression illness. Flying within 12 hours of completing your dive will exclude you from being able to participate.

If you have any questions regarding this Medical Statement or the Medical Declaration questions, please contact our reservation office at +61 7 4044 7300 or by email at reservations@cairnsaquarium.com.au;

Privacy

I consent to the collection of the data in this form by independent dive operator running the diver course in which I intend to participate in, the communication of that personal data to CARRC and to its use to satisfy regulatory requirements, CARRC standards, insurance requirements and for quality control purposes.

I acknowledge and understand that the medical information provided by me overleaf will be retained by CARRC in accordance with its own privacy policy but may be provided to its insurers or associated entities if required for safety, legal or review reasons.



Divers Medical Declaration

Surname: _____

Given Names: _____

Address: _____ Phone: _____

Email: _____ Sex: _____

Date of Birth: ____/____/____ Age: _____

It is important NOT to obscure any related medical condition as you might put your health or life at risk. If you indicate YES to any of the questions below, this does not necessarily disqualify you from diving, however you *must* consult with a Dive physician to obtain an Australian Recreational Dive Medical (AS4005.1) prior to participating in your Shark Dive.

| Have you ever had or do you currently suffer from/have | | |
|---|-----|----|
| Questions | Yes | No |
| Do you have any allergies? If yes please state them | | |
| Asthma, wheezing with breathing or with exercise, breathlessness? | | |
| Frequent colds, sinusitis or bronchitis? | | |
| Tuberculosis or Any form of lung disease? | | |
| Pneumothorax (collapsed lung)? | | |
| Other chest disease or chest surgery? | | |
| Are you currently taking any medicine or drug (excluding oral contraceptives)? Please list: | | |
| Brain, spinal cord or nervous disorder? | | |
| 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)? | | |
| Are you (or suspect to be) pregnant? | | |
| Behavioural health, mental or psychological problems (Panic attacks, fear of closed or open spaces) or taking medications to control? | | |
| 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? | | |
| Back, arm or leg problems following surgery, injury or fracture? | | |
| Diabetes Mellitus (sugar diabetes)? | | |
| High blood pressure or take medicine to control blood pressure? | | |
| Heart disease, Heart attack or Heart surgery? | | |
| Do you have high cholesterol, or taking medications to control? | | |
| Sinus surgery? | | |
| Ear surgery, chronic ear discharge or infection, perforated eardrum? | | |
| Recurrent ear problems when flying? | | |
| Bleeding or other blood disorders? | | |
| Other illness or operation within the last month? | | |
| Recreational drug use or treatment for, or alcoholism in the past five years? | | |
| Have you ingested any alcohol within the last 8 hours prior to diving? | | |
| Do you have a cold/flu or have you had one in the past 7 days? | | |
| Do you have any cuts or open wounds? | | |



| Questions | Yes | No |
|---|-----|----|
| Do you understand that any concealment of any condition incompatible with safe diving might put your health or life at risk? | | |
| Do you understand that you should not go to altitude (fly) within 12 hours of completing a single dive or 24 hours when doing multiple dives? | | |

Signature: _____ Date: _____

(Parent/Guardian required for children under 18)

Witness: _____ Date: _____

Statement of Understanding and Assumption of Risk Agreement I _____ hereby affirm that I am aware that dive activity has inherent risks which may result in serious injury or death. In particular I acknowledge:

- 1) That diving with air involves certain inherent risks of decompression illness, embolisms, and other hyperbaric Injuries and that such injuries may results in death or serious disablements
- 2) That injuries of the type referred to clause 1 above may require treatment in a recompression chamber. I choose to participate in this diving activity despite the absence of recompression chamber at the dive site (closest recompression chamber is located in Townsville).
- 3) Scuba diving is a physical demanding activity and in susceptible individuals may cause heart attack, panic or hyperventilation.
- 4) That scuba diving requires the use of equipment that may malfunction giving rise to risk of death or disablement.
- 5) That scuba diving necessarily involves the exposure to elements such as marine life. Such exposure brings with it attendant risk of death or disablement.
- 6) That the CARRC diving program is designed to provide me with a safe introduction to scuba diving. The program is not intended to train me as competent diver. I further understand and agree that I must be thoroughly instructed in the use of SCUBA under the direct supervision of a qualified instructor to become a certified competent diver.
- 7) In consideration of being allowed to participate in CARRC diving activities, I hereby personally assume all risks in connection with the said program, for any harm, injury or damage that may befall me while I am participating in the CARRC diving activities, including all risks connected therewith, whether foreseen or unforeseen.
- 8) The information I have provided about my medical history on the medical declaration is accurate to the best of my knowledge and belief. I agree to accept responsibility regarding my failure to disclose any existing or past health conditions.
- 9) I further state that I am of lawful age and legally competent to sign this statement of understanding, or alternatively, the written consent of my parents or legal guardian is provided.
- 10) In the event that any part of this document is held to be inconsistent with the relevant statue, then the parties agree that the document will be invalid to the extent of that inconsistency only.
- 11) I understand that the terms herein are contractual and not a mere recital, and that I have signed this document my own free will.

Signature: _____ Date: _____

(Parent/Guardian required for children under 18)

Witness: _____ Date: _____



Liability Release and Statement of Intention

I, the aforementioned, have fully informed myself of the contents of the “Statement of Understanding and Assumption of “Risk Agreement” and this “Liability Release” before signing it on behalf of my herein. I further agree that either the dive professional conducting this activity _____, nor the facility through which this activity is conducted, CARRC, nor any of their affiliate and associate, nor any of their respective employees, officers, or agents or assigns (hereinafter referred to as the “Release Parties”) may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs or assigns that may occur as a result of my participation in this diving activity , whether such injury or damage is foreseen or unforeseen.

I, the aforementioned, by this instrument, do exempt and release the dive professional conducting this activity, the facility through which this activity is offered, all related entities and all released parties as defined above, from all liability and responsibility whatsoever for personal injury, property damage, or wrongful death howsoever caused, including but not limited to any negligent act or omission of the released parties, whether passive or active.

Signature: _____ Date: _____

(Parent/Guardian required for children under 18)

Witness: _____ Date: _____