

PADI INTERNATIONAL LIMITED Discover Scuba/Discover Scuba Diving Statement

Return to PADI for Instructor Credit.

Photocopy may be used as student referral. Valid for 12 months from completion date.

Experience Programs Participant Information (Please Print)

Name _____
First Middle Initial Last
 Mailing Address _____
 City _____ State _____ Postal/Zip _____
 Country _____ Phone (_____) _____
 Work Phone (_____) _____ Email _____ Birthdate _____
Day/Month/Year

IN CASE OF EMERGENCY, CONTACT

Name _____
 Relationship _____ Phone (_____) _____
 Discover Scuba Discover Scuba Diving

You must register participants within 30 days of their first open water dive.

PADI Discover Scuba Diving

PADI Instructor Statement: This participant has completed all three phases of the PADI Discover Scuba Diving program (Instr. Presentation, Water Skills Intro and Development and Initial OW Dive as outlined in the DSD Section of the Experience Program Guide in the PADI Instructor Manual.

Instructor Name (print) First Middle Initial Last _____

For Instructor Student Credit (please complete):

I verify that I personally completed all three phases of the DSD program for this participant.

Instructor Signature _____
 Date _____
Day/Month/Year

PADI Discover Scuba

PADI Instructor Statement: This participant has completed all the skills and training from Confined Water Dive One of the PADI OW Diver course.

Instructor Name (print) First Middle Initial Last _____

PADI Instr. No. _____ DC/Resort No. _____

Instructor Signature _____
 Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS

CERTIFICATE OF UNDERSTANDING AND EXPRESS ASSUMPTION OF RISK AGREEMENT

Please read carefully before signing.

This Certificate forms part of a Contract. I understand that this is a legally binding agreement and that I should read and understand all of the terms before signing.

I, _____, hereby affirm
Student Name

that I am aware that skin and scuba diving have inherent risks which may result in serious injury or death.

I understand that diving with compressed air involves certain inherent risks; decompression sickness, embolism or other hyperbaric injury can occur that require treatment in a recompression chamber. I further understand that the open water diving trips which are necessary for training and for certification, may be conducted at a site that is remote, either by time or distance or both, from such a recompression chamber. I still choose to proceed with such instructional dives in spite of the possible absence of a recompression chamber in proximity to the dive site.

I understand that no one may be held liable or responsible for any injury or other loss suffered or caused solely by me or results solely from my own conduct or any matter or condition under my control. In the absence of any negligence or other breach of duty by the instructor(s)

_____, the facility
 through which this training is offered,

_____, PADI International, Ltd., and International PADI, Inc., my participation in this diving course is entirely at my own risk.

I understand that skin and scuba diving are physically strenuous activities and that I will be exerting myself during this diving course. I understand that I have a responsibility to truthfully and fully inform the instructor(s) and the facility through which this training is offered of my medical history.

I further state that I am of lawful age and legally competent to sign this Certificate, or that I have acquired the written consent of my parent or guardian.

I UNDERSTAND THE TERMS OF THIS CERTIFICATE ARE LEGALLY BINDING AND THAT I HAVE AN OBLIGATION TO READ AND UNDERSTAND ALL OF THE TERMS BEFORE SIGNING THIS CERTIFICATE.

 Signature of Student Date _____
Day/Month/Year

 Signature of Parent or Guardian (where applicable) Date _____
Day/Month/Year

PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT

Please read carefully before signing. (Confidential Information)

This is a statement in which you are informed of some potential risks involved in scuba diving and of the conduct required of you during the PADI Experience Programs. Your signature on this statement is required in order to participate in the PADI Experience Programs program offered by _____

_____, (instructor), and _____ (facility),
 located in the city of _____,
 and the state/country of _____.

Read this statement prior to signing it. You must complete this PADI Experience Programs Medical Statement/Questionnaire, which includes the medical history section, to enroll in the PADI Experience Programs. If you are a minor, you must have this PADI Experience Programs Medical Statement/Questionnaire signed by a parent or guardian.

Scuba diving is an exciting and demanding activity. When performed correctly, applying correct techniques, it is safe. When established safety procedures are not followed, however, there are dangers. To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with heart trouble, a current cold or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

This experience may count as credit for future PADI dive programs.
Ask your instructor for details.



Flying After Diving Recommendations

During your PADI Discover Scuba Diving experience, your instructor will provide you with the current flying after diving guidelines.

PADI EXPERIENCE PROGRAMS MEDICAL STATEMENT (Continued)

or congestion, epilepsy, asthma, a severe medical problem, or who is under the influence of alcohol or drugs, should not dive. If taking medication, consult your doctor before participating in this program.

You will also need to learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury or death. You must be thoroughly instructed in its use under the direct supervision of a qualified instructor to use it safely.

MEDICAL QUESTIONNAIRE

To the Participant:

The purpose of this medical questionnaire is to find out if you should be examined by a doctor before participating in recreational scuba diving. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of a physician.

Please answer the following questions on your past and 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 PADI Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to a physician.

- _____ Do you currently have an ear infection?
- _____ Do you have a history of ear disease, hearing loss or problems with balance?
- _____ Do you have a history of ear or sinus surgery?
- _____ Are you currently suffering from a cold, congestion, sinusitis or bronchitis?
- _____ Do you have a history of respiratory problems, severe attack of hayfever or allergies, or lung disease?
- _____ Have you had a collapsed lung (pneumothorax) or history of chest surgery?
- _____ Do you have active asthma or history of emphysema or tuberculosis?
- _____ Are you currently taking medication that carries a warning about any impairment of your physical or mental abilities?
- _____ Do you have behavioral health, mental or psychological problems or a nervous system disorder?
- _____ Are you or could you be pregnant?
- _____ Do you have a history of colostomy?
- _____ Do you have a history of heart disease or heart attack, heart surgery or blood vessel surgery?
- _____ Do you have a history of high blood pressure, angina, or take medication to control blood pressure?
- _____ Are you over 45 and have a family history of heart attack or stroke?

- _____ Do you have a history of bleeding or other blood disorders?
- _____ Do you have a history of diabetes?
- _____ Do you have a history of seizures, blackouts or fainting, convulsions or epilepsy or take medications to prevent them?
- _____ Do you have a history of back, arm or leg problems following an injury, fracture or surgery?
- _____ Do you have a history of fear of closed or open spaces or panic attacks (claustrophobia or agoraphobia)?

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.

Name _____

Address _____

Phone (_____) _____

Participant Signature _____ Date _____
Day/Month/Year

Parent/Guardian Signature (where applicable) _____ Date _____
Day/Month/Year

Discover Scuba Diving Review

If you're participating in the PADI DSD Program, you must complete this review before making your open water dive. Check the appropriate box in response to questions on the Discover Scuba Diving Instructor Flip Chart. Complete only under the direction of your PADI Instructor.

- | | True | False | | True | False |
|----|--------------------------|--------------------------|----|--------------------------|--------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | 8. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | 9. | <input type="checkbox"/> | <input type="checkbox"/> |

STUDENT STATEMENT: I have had this Review explained to me and I now understand any questions I may have answered incorrectly.

Participant Signature _____ Date _____
Day/Month/Year

