

NQUEC TRIP SHEET

PARTICIPANT INFORMATION

Name:	Mobile phone:			
Dive certification level:				
Date of last dive: Do you have personal dive injury/evacuation insurance (e.g. DAN)?				
If yes, please list contact number and po	licy number:			
Do you have any medical conditions which heart condition, severe allergy, epilepsy,		· ·	t (e.g.	
Do you have any qualifications which ma provider, bronze medallion, marine licen			xygen	
	QUESTIONNAIRE			
Since completing your last dive medical a your ability to dive safely? If yes, please of		y illness or injury that may	affect	
Are you currently experiencing any of the	e following conditions, illnesses, c	or injuries?	Y/N	
A cold, a flu, or unexplained fatigue?			1,11	
Breathlessness (beyond what you would	consider normal) or coughing/wh	neezing with exercise?		
A sinus condition (e.g. retention of fluid, pressure head-aches, sinusitis, etc)?				
An ear blockage or infection, or a perfora		,		
Dehydration (beyond what you would co				
High blood pressure?	,			
Any other illness or operation within the	last 30 days? If yes, please list:			
Note: Concealment of a condition i		ı jeopardise your own safet	У	
Have you ingested any alcohol within the	e 8 hours prior to your first anticip	pated dive on this trip?		
Are you taking any prescribed medicines (excluding oral contraceptives and anti-malarial drugs)?				
For females; are you pregnant?				
Do you agree to take responsibility for yo	our own health and safety on this	Club trip?		
Do you agree to dive within the limitation	ns of your skills, knowledge, and t	training on this Club trip?		
Rate your current physical condition and	diving fitness? (Select one) Poor	r Fair Good Exce	ellent	

If a participant displays or acknowledges these risk factors or rates their own current physical condition and diving fitness as poor; then the NQUEC DO or an Activity Organiser may refuse participation in diving activities during a trip.

If doubt exists, professional medical advice must be sought.