

## PURE APNEA MEDICAL QUESTIONNAIRE

Freediving requires a high level of activity which may increase your risk of injury. To participate, you must be in good health and if you have any doubts about your health please consult a physician. The purpose of this medical questionnaire is to find out if you should be examined by a physician before participating in freediving activities, including courses and competitions.

**Have you ever or do you currently have any of the following? Please answer YES or NO.**

- \_\_\_ **Neurological Conditions:** In particular predisposition to episodes of impaired consciousness or awareness, convulsions, disturbances of speech, vision or motor control; epilepsy; recurrent, unprovoked loss of consciousness; diseases such as stroke, multiple sclerosis or Parkinson's disease; severe migraine; intracranial surgery; brain damage; aneurysm.
- \_\_\_ **Sinus Conditions:** There should be no nasal or sinus symptoms of disease and the nasal airway should be free from signs of obstruction. Any major sinus surgery.
- \_\_\_ **Asthma:** With wheeze precipitated by exercise, cold or emotion.
- \_\_\_ **Cardiovascular Conditions:** In particular all types of cardiomyopathy (heart muscle disease); ischaemic heart disease; haemodynamically important valvular disease; cyanotic (congenital) heart disease; heart attacks; heart surgery; heart palpitations; uncontrolled elevated blood pressure; pacemakers.
- \_\_\_ **Diabetes Mellitus:** Especially 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.
- \_\_\_ **Pregnancy:** If you are currently pregnant or planning to be pregnant.
- \_\_\_ **Psychological Conditions:** In particular schizophrenia; bipolar affective disorder; recurrent depression; ADHD.
- \_\_\_ **Pulmonary Conditions:** In particular acute respiratory disease such as pulmonary infection; Chronic lung disease e.g. pulmonary fibrosis; spontaneous or traumatic pneumothorax (collapsed lung) unless treated and cleared with normal lung function assessment; previous chest surgery or pneumomediastinum; presence of large bullae or cysts; chronic obstructive pulmonary disease; sarcoidosis; tuberculosis unless curative treatment has resulted in normal lung function; cystic or pulmonary fibrosis; or any lung problem which interferes with your ability to breathe.
- \_\_\_ **Eye Conditions:** Any condition that could be aggravated by an increase in ocular pressure e.g. macular edema.
- \_\_\_ **Ear Conditions:** In particular infections of the ear canal and middle ear; unresolved middle ear barotrauma; chronic ear canal or middle ear disease; permanent perforation of eardrum; history of ruptured eardrum; severely impaired hearing or hearing loss in one or both ears; major ear surgery.
- \_\_\_ **Freediving/ Scuba Diving Conditions:** Previous history of decompression sickness
- \_\_\_ **Medication:** Any medication taken on a regular basis either over-the-counter or prescribed by a physician
- \_\_\_ **General Medical Problems:** Any physical and/or emotional condition not mentioned that might effect your safety in an underwater environment or affect your judgment under times of physical or emotional stress

A positive response to the questions above does not disqualify you from participation, but does require that you seek the advice of a physician before engaging in freediving activities. If you answered **YES** to any of the above conditions, a physician must complete the box marked 'FOR PHYSICIAN ONLY' below to certify that you are fit to participate in freediving activities.

I hereby declare that I have answered all the questions truthfully.

**Name of Applicant:** \_\_\_\_\_ **Birth Date (dd/mm/yyyy):** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date (dd/mm/yyyy):** \_\_\_\_\_

**Name of Legal Guardian:** \_\_\_\_\_ **Signature of Legal Guardian:** \_\_\_\_\_  
(only participants 14-17 years of age)

### FOR PHYSICIAN USE ONLY

Please review the answers to this medical questionnaire and provide your opinion of the applicant's medical fitness to participate in freediving activities.

☐ I find no medical conditions that I consider incompatible with freediving activities. The participant is fit to freedive.

☐ I am unable to recommend this individual for freediving activities.

**Physician's Name:** \_\_\_\_\_ **Date (dd/mm/yyyy):** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Physician's Stamp or Postal Address:**