



info@divepod.co.uk
 01242 250 901
 Linden Cottage, The Burgage,
 Prestbury, Cheltenham GL52 3DJ

Dive Application Form

Personal Details

First name _____

Surname _____

Title Mr Mrs Miss Ms

Date of Birth _____ Nationality _____

Occupation _____

Contact details

Email _____

Phone _____

Mobile _____

Best time to receive a call _____

Address _____

Post code _____

Next of Kin

Name _____

Relationship _____

Phone _____

Address _____

Post code _____

Medical details

Any dietary requirements? _____

Any medication? _____

Any current / past illnesses or disabilities?
 Yes No *(if Yes please attach a separate sheet with details)*

Checked the PADI medical statement? Yes No

Dive experience

Current dive level (if any) _____

Which dive body eg PADI _____

Number of dives done _____

Date of last dive _____

Date of last dive course _____

Dive programme details

Which dive programme would you like to do?

Go Pro – Divemaster

Go Pro – Instructor

Videographer

Learn to Dive

Advanced Diver

Marine conservation

Which country?

Australia

Belize

Thailand

When would you like to start?

2008 2009 2010

Starting in: _____ (specify month)

Where did you hear about PoD?

Internet search engine main listings e.g. Google

Google sponsored link (box at side of Google)

gapyear.com

Traveltree

Other – please specify below

PADI Medical Statement

If the answer to any of the following questions is YES, then you must consult a physician prior to participating in scuba diving.

Could you be pregnant or are you attempting to become pregnant?

Are you presently taking prescription medicines? (with the exception of birth control or anti-malarial)

Are you over 45 years of age and can answer YES to one or more of the following?

- Currently smoke a pipe, cigars or cigarettes
- Have a high cholesterol level
- Have a family history of heart attacks or stroke
- Are currently receiving medical care
- High blood pressure
- Diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have...

Asthma, or wheezing with breathing, or wheezing with exercise?

Frequent or severe attacks of hayfever or allergy?

Frequent colds, sinusitis or bronchitis?

Any form of lung disease?

Pneumothorax (collapsed lung)?

Other chest disease or chest surgery?

Behavioural health, mental or psychological problems (Panic attack, fear of closed or open spaces)?

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)?

Frequent or severe suffering from motion sickness (seasick, carsick etc.)?

Dysentery or dehydration requiring medical intervention?

Any dive accidents or decompression sickness?

Inability to perform moderate exercise (example: walk 1.6km / 1 mile within 12 mins)?

Head injury with loss of consciousness in the past five years?

Recurrent back problems?

Back or spinal surgery?

Diabetes?

Back, arm or leg problems following surgery, injury or fracture?

High blood pressure or take medicine to control blood pressure?

Heart disease?

Heart attack?

Angina, heart surgery or blood vessel surgery?

Sinus surgery?

Ear disease or surgery, hearing loss or problems with balance?

Recurrent ear problems?

Bleeding or other blood disorders?

Hernia?

Ulcers or ulcer surgery?

A colostomy or ileostomy?

Recreational drug use or treatment for, or alcoholism in the past five years?