**MEDICAL EXAM INFORMATION AND FORMS**

DIVING MEDICAL EXAM OVERVIEW FOR THE EXAMINING PHYSICIAN

TO THE EXAMINING PHYSICIAN:

This person, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, requires a medical examination to assess his/her fitness for certification as a diver for the Institute of Nautical Archaeology (INA). His /her answers on the Diving Medical History Form (attached), may indicate potential health or safety risks, as noted. Your evaluation is requested on the attached Scuba Diving Fitness Medical Evaluation Report.

 Scuba and other modes of compressed-gas diving can be strenuous and hazardous. A special risk is present if the middle ear, sinuses or lung segments do not readily equalize air pressure changes. The most common cause of distress is eustachian insufficiency. Most fatalities involve deficiencies in prudence, judgment, emotional stability or physical fitness. Please consult the following list of conditions which usually restrict candidates from diving.

1. Tympanic membrane perforation or aeration tube

2. Inability to auto-inflate the middle ears

3. External ear exostoses or osteomas adequate to prevent external ear canal pressure equilibration

4. Meniere's Disease or other chronic vertiginous conditions, status post-surgery, such as subarachnoid endolymphatic shunt for Meniere's Disease

5. Stapedectomy and middle ear prosthesis

6. Chronic mastoiditis or mastoid fistula

7. Any oral or maxillofacial deformity that interferes with the retention of the regulator mouthpiece

8. Corrected near visual acuity not adequate to see tank pressure gauge, watch, decompression tables, and compass underwater. Uncorrected visual acuity not adequate to see the diving buddy or locate the boat in case corrective lenses are lost underwater

9. Radial keratotomy or other recent ocular surgery

10. Claustrophobia of a degree to predispose to panic

11. Suicidal ideation

12. Significant anxiety states

13. Psychosis

14. Severe depression

15. Manic states

16. Alcoholism

17. Mood-altering drug use

18. Improper motivation for diving

19. Episodic loss of consciousness

20. History of seizure. History of seizure in early childhood must be evaluated individually

21. Migraine

22. History of cerebrovascular accident or transient ischemic attack

23. History of spinal cord trauma with neurologic deficit - whether fully recovered or not

24. Any degenerative or demyelinating CNS process

25. Brain tumor with or without surgery

26. Intracranial aneurysm or other vascular malformation

27. History of neurological decompression sickness with residual deficit

28. Head injury with sequelae

29. History of intracranial surgery

30. Sickle cell disease

31. Polycythemia or leukemia

32. Unexplained anemia

33. History of myocardial infarction

34. Angina or other evidence of coronary artery disease

35. Unrepaired cardiac septal defects

36. Aortic stenosis or mitral stenosis

37. Complete heart block

38. Fixed second-degree heart block

39. Exercised-induced tachyarrhythmias

40. Wolf-Parkinson-White (WPW) Syndrome with paroxysmal atrial tachycardia or syncope

41. Fixed-rate pacemakers

42. Any drugs which inhibit the normal cardiovascular response to exercise tolerance

43. Peripheral vascular disease, arterial or venous, severe enough to limit exercise tolerance

44. Hypertension with end-organ finding - retinal, cardiac, renal or vascular

45. History of spontaneous pneumothorax

46. Bronchial asthma. History of childhood asthma requires special studies

47. Exercise or cold air-induced asthma

48. X-ray evidence of pulmonary blebs, bullae, or cysts

49. Chronic obstructive pulmonary disease

50. Insulin-dependent diabetes mellitus. Diet or oral medication-controlled diabetes mellitus if there is a history of hypoglycemic episodes

51. Any abdominal wall hernia with potential for gas-trapping until surgically corrected

52. Paraesophageal or incarcerated sliding hiatal hernia

53. Sliding hiatus hernia if symptomatic due to reflux esophagitis

54. Pregnancy

55. Osteonecrosis. A history consistent with a high risk of dysbaric osteonecrosis

56. Any condition requiring ingestion of the following medication: antihistamines, bronchodilators, steroids, barbiturates, phenytoin, mood-altering drugs, insulin

 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments:
 Medical Evaluation of Fitness for Scuba Diving Report

 Diving Medical History Form

**MEDICAL EVALUATION OF FITNESS FOR SCUBA DIVING REPORT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Applicant (Print or Type) Date (Mo/Day/Year)

To The PHYSICIAN:

This person is an applicant for training or is presently certified to engage in diving with self- contained underwater breathing apparatus (SCUBA). This is an activity which puts unusual stress on the individual in several ways. Your opinion on the applicant's medical fitness is requested. Scuba diving requires heavy exertion. The diver must be free of cardiovascular and respiratory disease. An absolute requirement is the ability of the lungs, middle ear and sinuses to equalize pressure. Any condition that risks the loss of consciousness should disqualify the applicant.

TESTS: Please **initial** that the following tests were completed.

[ ] Initial Examination [ ] Re-examination

 or first over age 40

\_\_\_\_\_Medical History \_\_\_\_\_Medical History

\_\_\_\_\_Chest X-Ray

\_\_\_\_\_12 Lead EKG

\_\_\_\_\_Pulmonary function \_\_\_\_\_Pulmonary function

\_\_\_\_\_Audiogram \_\_\_\_\_Audiogram

\_\_\_\_\_Visual acuity \_\_\_\_\_Visual acuity

\_\_\_\_\_Complete blood count (CBC) \_\_\_\_\_Complete blood count (CBC)

\_\_\_\_\_Blood chemistry \_\_\_\_\_Blood chemistry

\_\_\_\_\_Urinalysis \_\_\_\_\_Urinalysis

RECOMMENDATION: Please check one:

[ ] **APPROVAL**. I find no medical condition(s) which I consider incompatible with diving.

[ ] **RESTRICTED ACTIVITY APPROVAL**. The applicant may dive in certain circumstances as described in REMARKS.

[ ] **FURTHER TESTING REQUIRED**. I have encountered a potential contraindication to diving. Additional medical tests must be performed before a final assessment can be made. See REMARKS.

[ ] **REJECT**. This applicant has medical condition(s) which, in my opinion, clearly would constitute unacceptable hazards to health and safety in diving

Required review by the INA Diving Safety Officer.

[ ] **APPROVAL**

REMARKS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OVER

I have discussed the patient's medical condition(s) which would not seriously interfere with diving but which may seriously compromise subsequent health. The patient understands the nature of the hazards and the risks involved in diving with these defects.

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M.D.

Date **Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name (Print or Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number

My familiarity with applicant is:

[ ] With this exam only

[ ] Regular Physician for \_\_\_\_\_ years

[ ] Other (describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My familiarity with diving medicine:

[ ] On attached list of physicians

[ ] Other (describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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APPLICANT'S RELEASE OF MEDICAL INFORMATION FORM

I authorize the release of this information and all medical information subsequently acquired in association with my diving to the INA Diving Safety Officer(s) on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIVING MEDICAL HISTORY FORM**

(To Be Completed By Applicant-Diver)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex \_\_\_\_ Age \_\_\_ Wt.\_\_\_ Ht. \_\_\_

Sponsor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

 (Dept./Project/Program/School, etc.) (Mo/Day/Yr)

TO THE APPLICANT:

 Scuba diving makes considerable demands on your physical and emotional condition. Diving with particular defects amounts to asking for trouble not only for yourself, but to anyone coming to your aid if you get into difficulty in the water. Therefore, it is prudent to meet certain medical and physical requirements before beginning a diving or training program.

 Your answers to the questions are more important, in many instances, in determining your fitness than what the physician may see, hear or feel when you are examined. Obviously, you should give accurate information or the medical screening procedure becomes useless.

 This form shall be kept confidential. If you believe any question amounts to invasion of your privacy, you may elect to omit an answer, provided that you shall subsequently discuss that matter with your own physician and he/she must then indicate, in writing, that you have done so and that no health hazard exists.

 Should your answers indicate a condition which might make diving hazardous, you will be asked to review the matter with your physician. In such instances, his/her written authorization will be required in order for further consideration to be given to your application. If your physician concludes that diving would involve undue risk for you, remember that he/she is concerned only with your well-being and safety. Respect the advice and the intent of this medical history form.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | *Please indicate whether or not the following apply to you*  | Comments |
| 1 |  |  | Convulsions, seizures, or epilepsy |  |
| 2 |  |  | Fainting spells or dizziness |  |
| 3 |  |  | Been addicted to drugs |  |
| 4 |  |  | Diabetes |  |
| 5 |  |  | Motion sickness or sea/air sickness |  |
| 6 |  |  | Claustrophobia |  |
| 7 |  |  | Mental disorder or nervous breakdown |  |
| 8 |  |  | Are you pregnant? |  |
| 9 |  |  | Do you suffer from menstrual problems? |  |
| 10 |  |  | Anxiety spells or hyperventilation |  |
| 11 |  |  | Frequent sour stomachs, nervous stomachs or vomiting spells |  |
| 12 |  |  | Had a major operation |  |
| 13 |  |  | Presently being treated by a physician |  |
| 14 |  |  | Taking any medication regularly (even nonprescription) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | *Please indicate whether or not the following apply to you*  | Comments |
| 15 |  |  | Been rejected or restricted from sports |  |
| 16 |  |  | Headaches (frequent and severe) |  |
| 17 |  |  | Wear dental plates |  |
| 18 |  |  | Wear glasses or contact lenses |  |
| 19 |  |  | Bleeding disorders |  |
| 20 |  |  | Alcoholism |  |
| 21 |  |  | Any Problems related to diving |  |
| 22 |  |  | Nervous tension or emotional problems |  |
| 23 |  |  | Take tranquilizers |  |
| 24 |  |  | Perforated ear drums |  |
| 25 |  |  | Hay fever |  |
| 26 |  |  | Frequent sinus trouble, frequent drainage from the nose,  |  |
|  |  |  |  post-nasal drip, or stuffy nose |  |
| 27 |  |  | Frequent earaches |  |
| 28 |  |  | Drainage from the ears |  |
| 29 |  |  | Difficulty with your ears in airplanes or on mountains |  |
| 30 |  |  | Ear surgery |  |
| 31 |  |  | Ringing in your ears |  |
| 32 |  |  | Frequent dizzy spells |  |
| 33 |  |  | Hearing problems |  |
| 34 |  |  | Trouble equalizing pressure in your ears |  |
| 35 |  |  | Asthma |  |
| 36 |  |  | Wheezing attacks |  |
| 37 |  |  | Cough (chronic or recurrent) |  |
| 38 |  |  | Frequently raise sputum |  |
| 39 |  |  | Pleurisy |  |
| 40 |  |  | Collapsed lung (pneumothorax) |  |
| 41 |  |  | Lung cysts |  |
| 42 |  |  | Pneumonia |  |
| 43 |  |  | Tuberculosis |  |
| 44 |  |  | Shortness of breath |  |
| 45 |  |  | Lung problem or abnormality |  |
| 46 |  |  | Spit blood |  |
| 47 |  |  | Breathing difficulty after eating particular foods, after exposure to particular pollens or animals |  |
| 48 |  |  | Are you subject to bronchitis |  |
| 49 |  |  | Subcutaneous emphysema (air under the skin) |  |
| 50 |  |  | Air embolism after diving |  |
| 51 |  |  | Decompression sickness |  |
| 52 |  |  | Rheumatic fever |  |
| 53 |  |  | Scarlet fever |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | No | *Please indicate whether or not the following apply to you*  | Comments |
| 54 |  |  | Heart murmur |  |
| 55 |  |  | Large heart |  |
| 56 |  |  | High blood pressure |  |
| 57 |  |  | Angina (heart pains or pressure in the chest) |  |
| 58 |  |  | Heart attack |  |
| 59 |  |  | Low blood pressure |  |
| 60 |  |  | Recurrent or persistent swelling of the legs |  |
| 61 |  |  | Pounding, rapid heartbeat or palpitations |  |
| 62 |  |  | Easily fatigued or short of breath |  |
| 63 |  |  | Abnormal EKG |  |
| 64 |  |  | Joint problems, dislocations or arthritis |  |
| 65 |  |  | Back trouble or back injuries |  |
| 66 |  |  | Ruptured or slipped disk |  |
| 67 |  |  | Limiting physical handicaps |  |
| 68 |  |  | Muscle cramps |  |
| 69 |  |  | Varicose veins |  |
| 70 |  |  | Amputations |  |
| 71 |  |  | Head injury causing unconsciousness |  |
| 72 |  |  | Paralysis |  |
| 73 |  |  | Have you ever had an adverse reaction to medication? |  |
| 74 |  |  | Do you smoke? |  |
| 75 |  |  | Have you ever had any other medical problems not listed?  |  |
|  |  |  | If so, please list or describe below; |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above answers and information represent an accurate and complete description of my medical history.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date