



# Learn to Dive online with PADI eLearning®

Become a certified PADI Open Water Diver so you can have the freedom to dive nearly everywhere.

## PADI Discover Scuba Diving Participant Statement

Read the following paragraphs carefully. This statement, which includes a Medical Questionnaire, a Liability Release and Assumption of Risk Agreement and the Discover Scuba Diving Review, informs you of some potential risks involved in scuba diving and of the conduct required of you during the PADI Discover Scuba Diving program. Your signature is required to participate in the program. If you are a minor, you must have the Participant Statement (which includes and acknowledges the Medical Questionnaire and the Liability Release and Assumption of Risk Agreement) signed by your parent or guardian.

You will also need to learn from the PADI Professional the most 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 instructed in its use under the direct supervision of a qualified instructor to use it safely.

(continued, see center panel)

This card recognizes that you have attended and satisfactorily completed a PADI Discover Scuba Diving program. To dive without professional supervision, you must continue your education and become certified in the PADI Open Water Diver course. For more information about the PADI Open Water Diver course, visit your local PADI Dive Center or Resort. You can also visit [padi.com](http://padi.com).

Your Name \_\_\_\_\_

DSD Program Location \_\_\_\_\_

DSD Program Date \_\_\_\_\_ Instructor No. \_\_\_\_\_

Instructor Name \_\_\_\_\_

Instructor Signature \_\_\_\_\_

Discover Scuba Diving is not a scuba certification.

Learn to Scuba Dive. Anytime. Anywhere. PADI eLearning® [padi.com/eLearning](http://padi.com/eLearning)

## PADI Medical Questionnaire

Scuba diving is an exciting and demanding activity. 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.

The purpose of this Medical Questionnaire is to find out if you should be examined by a physician 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 PADI Professional 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 attacks 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)?

Please read the two additional light blue panels, fill in the information on the back and sign. (see reverse)

## Discover Scuba Diving Knowledge and Safety Review

To continue with your Discover Scuba Diving experience, you must complete this review under the direction of your PADI Professional before getting in the water.

- Upon completing this experience, I will be qualified to dive independently without a certified professional guiding me.
- To equalize my ears and sinus air spaces during descent, I will need to blow gently against pinched nostrils.
- I should equalize every few feet/one metre while descending.
- If I have discomfort in my ears or sinuses during descent, I should continue downward.
- Underwater, I should breathe slowly, deeply, continuously and never hold my breath.
- I should add air to my buoyancy control device (BCD) to float at the surface.
- The "caution zone" on my air gauge indicates that I have plenty of air in my tank and that I may continue diving.
- I should not touch, tease or harass an underwater organism since I may harm it or it may harm me.
- I should stay close to the PADI Professional during my Discover Scuba Diving experience and signal if something is wrong.

Check the appropriate box in response to questions above.

	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"/>

**Participant Statement: I have had this Review explained to me and I now understand any questions I may have answered incorrectly. I acknowledge and accept that these practices are intended to increase my safety and comfort during the experience.**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Day/Month/Year

