



CANADIAN ASSOCIATION OF FREEDIVING & APNEA

CAFA Medical Form

Name: _____

Date of Birth: _____ Social Security: _____

****IMPORTANT – PLEASE READ ****

Freediving is a semi-strenuous activity which is carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. CAFA has, therefore, developed the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, the safety of any person you may dive with in the future.

MEDICAL QUESTIONNAIRE

Please read each question carefully and answer them accurately. Please explain any "yes" answers in the space provided at the bottom of this questionnaire. This form and your answers will be kept confidential. A positive answer will not necessarily exclude you from participating in any CAFA endorsed events/competitions.

1. NEUROLOGICAL CONDITIONS: Especially any history of seizure disorder, stroke, brain surgery, black out, severe migraine headaches, or aneurysm of the brain's blood vessels. YES NO

2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension). YES NO

3. PULMONARY CONDITIONS: Especially a history of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, or any lung problem which interferes with your ability to breathe. YES NO

4. EAR CONDITIONS: Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery. YES NO

5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection. YES NO

6. ASTHMA: History of asthma of asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing. YES NO

7. 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. Also, of history of elevated blood sugar during pregnancy. YES NO

8. PREGNANCY: If you are presently pregnant or planning to be pregnant. YES NO

9. FREEDIVING/SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus. YES NO

10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician. YES NO

11. 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. YES NO

I certify that I have answered the above questions accurately and honestly.

Signed: _____ Date: _____

Witnessed: _____ Date: _____

<input type="checkbox"/> Approved for Application <input type="checkbox"/> Requires Medical Clearance Signature: _____ Date: _____ My signature on the above verifies that I have completely reviewed this applicant's medical form and find no counter-indications for competitive freediving
