

Student Information	Dive Experience	Medical History 1	Medical History 2	Assumption of Risk	Student Agreement
How did you learn about this course?					
Name: First <input type="text"/>		Middle <input type="text"/>		Last <input type="text"/>	
Address: Street <input type="text"/>				City <input type="text"/>	
State/Province <input type="text"/>		Postal Code <input type="text"/>		Country <input type="text"/>	
Home Phone <input type="text"/>		Work Phone <input type="text"/>		Email <input type="text"/>	
Occupation: <input type="text"/>				Position/Title <input type="text"/>	
Education		<input type="radio"/> High School <input type="radio"/> Some College		<input type="radio"/> Undergraduate Degree <input type="radio"/> Graduate Degree	
Date of Birth <input type="text"/>		Sex: <input type="radio"/> Male <input type="radio"/> Female		Height <input type="text"/> Weight <input type="text"/>	
Emergency Care					
Do you have any emergency care training such as First Aid or CPR? <input type="text"/>					
Do you have insurance to cover any medical accidents? <input type="radio"/> Yes <input type="radio"/> No			DCS accident insurance? <input type="radio"/> Yes <input type="radio"/> No		
Other Medical Training (Please list) <input type="text"/>					
GUE Training Information: Please include a brief statement of why you are interested in this training and why you make a good candidate for a Global Underwater Explorers' course.					
<input type="text"/>					

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Course Requested <input type="radio"/> Fundamentals of DIR Diving <input type="radio"/> Technical Diver 1 <input type="radio"/> Technical Diver 2 <input type="radio"/> Technical Diver 3		<input type="radio"/> Cave Diver 1 <input type="radio"/> Cave Diver 2 <input type="radio"/> Cave Diver 3		Instructor Requested <input type="text"/>	
Diving Certifications Open Water: Agency/Certification Level/Instructor/Year <input type="text"/>					
Cave: Agency/Certification Level/Instructor/Year <input type="text"/>					
Diving Experience: (Please estimate the number of your dives as honestly as possible. Write N/A in categories that do not apply to your diving experience.)					
Total number of dives <input type="text"/>		Number of dives in overhead environments Cave: <input type="text"/> Wreck: <input type="text"/> Ice: <input type="text"/>			
Number dives with double tanks <input type="text"/>		Number dives with Nitrox <input type="text"/>		Number dives with Trimix <input type="text"/>	
Number dives below 150'/45 m <input type="text"/>		Number dives below 200'/60 m <input type="text"/>		Number dives below 250'/75 m <input type="text"/>	
Number dives with oxygen decompression <input type="text"/>		Number dives using stage or deco bottles: <input type="text"/>		Number dives with underwater propulsion vehicles (scooters) <input type="text"/>	
Longest dive you have ever done <input type="text"/>		Longest deco you have done <input type="text"/>			
Do you commonly dive cold water? <input type="radio"/> Yes <input type="radio"/> No		How cold? <input type="text"/> <input type="radio"/> F <input type="radio"/> C			
Diving Summary Please summarize your diving career including the type of diving you most commonly do.					

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Dive Equipment

Primary Regulators (Brands and models)

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Thermal Protection (Wet and/or dry suit, brand)

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Diving lights (Brands and models)

--

Buoyancy Compensator	Fins	
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Other primary gear

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Global Underwater Explorers Student Medical Questionnaire

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Name				Birth Date	
Last: <input style="width: 100px;" type="text"/>		First: <input style="width: 100px;" type="text"/> MI: <input style="width: 30px;" type="text"/>		<input style="width: 100px;" type="text"/> (mm/dd/yy)	
SSN: <input style="width: 100px;" type="text"/>					
MESSAGE TO THE MEDICAL EXAMINER					
<p>Technical Scuba diving activities with compressed air, oxygen-enriched air (Nitrox), oxygen, helium and/or Trimix are physically strenuous and will cause exertion of the student during the course. Students may be injured or killed as the result of decompression sickness, embolism, marine life injuries, barotrauma/hyperbaric injuries that require treatment in a recompression chamber, heart attacks, panic hyperventilation, oxygen toxicity, inert gas narcosis, drowning or any other organic malfunction that may occur.</p> <p>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 the GUE Technical Diving Program.</p>					
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 <input type="radio"/> No <input type="radio"/>	
2. CARDIOVASCULAR CONDITIONS: Especially heart attack, heart surgery, irregular heart beat, uncontrolled elevated blood pressure (hypertension), or patent foramen ovale (PFO).				Yes <input type="radio"/> No <input type="radio"/>	
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 <input type="radio"/> No <input type="radio"/>	
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, major ear surgery or eustation tube disfunction.				Yes <input type="radio"/> No <input type="radio"/>	
5. SINUS CONDITIONS: Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or persistent sinus infection.				Yes <input type="radio"/> No <input type="radio"/>	
6. ASTHMA: History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of inhaler for control of wheezing.				Yes <input type="radio"/> No <input type="radio"/>	
7. DIABETES MELLITUS: Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which require insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or 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 history of elevated blood sugar or elevated blood during pregnancy.				Yes <input type="radio"/> No <input type="radio"/>	
8. PREGNANCY: If you are presently pregnant or may become pregnant before completing your scuba course.				Yes <input type="radio"/> No <input type="radio"/>	
9. SCUBA DIVING CONDITIONS: Previous history of a diving accident, decompression sickness, decompression of the inner ear or air embolus.				Yes <input type="radio"/> No <input type="radio"/>	
10. MEDICATION: Any medication taken on a regular basis either over-the-counter or prescribed by a physician.				Yes <input type="radio"/> No <input type="radio"/>	

11. GENERAL MEDICAL PROBLEMS: Any physical and/or emotional condition not mentioned that might affect the students safety in an underwater environment or affect the students judgment under times of physical stress.	Yes <input type="radio"/> No <input type="radio"/>
12. PLEASE EXPLAIN ANY "YES" ANSWER FOR QUESTIONS 1 THROUGH 11. First list item number and then provide the explanation. <div data-bbox="394 304 1221 510" style="border: 1px solid black; height: 100px; width: 100%;"></div>	
By entering your name in the text fields below, you certify that you have read the above questions and responded in an honest and truthful manner.	
Name Last <input type="text"/> First: <input type="text"/> MI: <input type="text"/>	Date <input type="text"/> (mm/dd/yy)
If under 18 years of age, student's parent or guardian is also required to certify the form's accuracy by co-signing the form.	
Guardian's Name Last <input type="text"/> First: <input type="text"/> MI: <input type="text"/>	Date <input type="text"/> (mm/dd/yy)

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In case of emergency, contact:					
Name: <input type="text"/>			Day Phone: <input type="text"/>		
Relationship: <input type="text"/>			Night Phone: <input type="text"/>		
Doctor: <input type="text"/>		Day Phone: <input type="text"/>		Night Phone: <input type="text"/>	
Medical Insurance Co.: <input type="text"/>		Policy No.: <input type="text"/>		Phone: <input type="text"/>	
Check the appropriate blank if any of the following have ever applied to you. Explain under remarks, indicating the number.					
<input type="checkbox"/> 1. Alcoholic beverage use	<input type="checkbox"/> 15. Glasses or contacts	<input type="checkbox"/> 29. Regular medication			
<input type="checkbox"/> 2. Allergies, including drugs	<input type="checkbox"/> 16. Hay fever	<input type="checkbox"/> 30. Rejected from any activity for medical problems			
<input type="checkbox"/> 3. Asthma	<input type="checkbox"/> 17. Hearing difficulty	<input type="checkbox"/> 31. Respiratory Problems			
<input type="checkbox"/> 4. Breathing difficulty	<input type="checkbox"/> 18. Heart trouble	<input type="checkbox"/> 32. Serious Injury			
<input type="checkbox"/> 5. Bronchitis	<input type="checkbox"/> 19. High blood pressure	<input type="checkbox"/> 33. Severe or frequent headaches			
<input type="checkbox"/> 6. Chest Pain	<input type="checkbox"/> 20. Hospitalized	<input type="checkbox"/> 34. Sinus trouble			
<input type="checkbox"/> 7. Claustrophobia	<input type="checkbox"/> 21. Mental or emotional problems	<input type="checkbox"/> 35. Tobacco use			
<input type="checkbox"/> 8. Dental plates	<input type="checkbox"/> 22. Motion Sickness	<input type="checkbox"/> 36. Trouble equalizing pressure			
<input type="checkbox"/> 9. Diabetes	<input type="checkbox"/> 23. Nervous Breakdown	<input type="checkbox"/> 37. Tuberculosis			
<input type="checkbox"/> 10. Dizziness or fainting	<input type="checkbox"/> 24. Operation or Illness	<input type="checkbox"/> 38. Use of illegal drugs			
<input type="checkbox"/> 11. Ear trouble	<input type="checkbox"/> 25. Over 40 years old	<input type="checkbox"/> 39. Use of prescription drugs			
<input type="checkbox"/> 12. Electrocardiogram	<input type="checkbox"/> 26. Persistent Cough	<input type="checkbox"/> 40. Any medical problem not listed			
<input type="checkbox"/> 13. Epilepsy	<input type="checkbox"/> 27. Physical handicap				
<input type="checkbox"/> 14. Frequent colds or sore throat	<input type="checkbox"/> 28. Pregnant				
Remarks: <input type="text"/>					
WARNING: Oral/total systemic decongestants, Trans-derm, oral seasickness medications, nicotine patches, all legal or non-legal drugs, individually or in combination, MAY cause harmful or fatal reactions underwater.					
Date of chest x-ray: <input type="text"/> (mm/dd/yy)					
Date of previous medical examination: <input type="text"/> (mm/dd/yy)					

Reset

Continue

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Please read this entire document and enter your initials in the space provided beside each major heading.

Please read this entire document and enter your initials in the space provided beside each major heading.

Please sign and date the document as indicated. Global Underwater Explorers, henceforth referred to as GUE, is a unique educational organization designed to redefine the nature of aquatic education. The development of these efforts will focus on dramatically elevating education, research and exploration activities.

I, _____, am taking the _____ and am entering this contract voluntarily and with the understanding that my association with this institution can be terminated at any time that it is deemed I no longer represent the high standards of this agency. Furthermore, I understand that any certifications associated with this institution remain the property of GUE and as such may be revoked at any time.

I understand that skin diving, and technically oriented diving involve the risk of injury and can result in discomfort, suffering, permanent disability or even death. I understand that diving related injuries including but not limited to decompression illness, mental impairment, visual injury, hearing loss, and pulmonary barotrauma/arterial gas embolism could result in serious and possibly permanent disability or even death. I understand that such injury may occur at any depth, including shallow depths. I hereby state that I am knowledgeable of the risks associated with scuba diving and I voluntarily accept these risks. I understand swimming, scuba diving, and scuba related activities expose me to the risk of near-drowning or death by drowning. I further acknowledge that I am responsible for my action during participation in scuba diving and related activities.

I understand that it is my responsibility to establish my fitness and health to participate in scuba related activity and that if need be as indicated by the GUE medical form, I have consulted a physician in order to assure that I am medically qualified to participate in scuba diving. I further understand that it is my personal responsibility to remain fit and that I may encounter significant physical stress during scuba diving or scuba related activities. I understand that it is ultimately my responsibility to identify my personal limitation with regard to depth, environment, and diving activity. I further understand that it is my responsibility to refuse to dive under any conditions that I feel are unsafe, generally dangerous, appear to relate unacceptable risk to myself or other, or exceed the level of my comfort, experience, training, or equipment.

I understand that proficiency depends upon frequent activity and that skill in activities such as swimming and scuba diving will decline during periods of inactivity. I understand that during absence from aquatic activity such as diving this deterioration can compromise my safety in the aquatic environment. I further understand that it is my responsibility to personally maintain my fitness and proficiency in swimming and diving activities through active participation in scuba diving, personal fitness programs, continuing diving education and/or periodic skill refresher programs. I also understand that it is responsibility to inform my supervisor/diver buddy if have been absent from diving for more than six (6) months and of any lack of physical fitness. I have accurately represented my fitness to GUE representatives and I understand that it is my responsibility to maintain academic knowledge and diving proficiency and that I must remain an active diver to maintain my safety in the aquatic environment. It is my responsibility to remain aware of any changes or developments in the diving community.

I understand that scuba diving is an equipment intensive and that it is my responsibility to assure that all items of equipment that I intend to use for any given dive are operational and free of obvious malfunction. I further understand that I bear complete responsibility for the use and maintenance of all items of equipment that I may purchase, rent, borrow, or otherwise acquire.

I understand that this liability, release and assumption of risk form will be governed by the laws of the state of Florida. If any portion of this agreement is found invalid the remainder of this document

shall remain in effect.

I understand that oxygen breathed at elevated pressures can result in Central Nervous System oxygen toxicity and that even the use of oxygen within commonly accepted time limits can be dangerous. I am aware that oxygen toxicity can manifest itself as convulsive seizures with little or no warning. I understand that a convulsive seizure in the water could lead to death by drowning. I am aware that my likelihood of developing these seizures may depend on a number of unpredictable variables. My exposure to various stresses such as thermal stress, exercise and general physical condition can modify my susceptibility to oxygen toxicity on any given day and that these risks may not be predictable. I understand that I may still develop CNS oxygen toxicity even when diving within commonly recognized oxygen partial pressure limits. I further acknowledge that I have been made aware of the potential for long-term damage associated with oxygen exposure and that whole body or pulmonary toxicity may create permanent injury and/or death.

I understand that I am completely responsible for the mixtures that I breathe and that I must personally analyze or verify the analysis of each cylinder of Enriched Air or other mixed gasses. I am fully aware of the proper marking process that will allow me to independently assure any mixture I breathe is safe and useable at the depth it will be breathed. I acknowledge that I bear sole responsibility for this process. I understand that handling and mixing oxygen with other gases requires special equipment and training and I will not attempt to mix oxygen with air or other gases unless I am specifically trained in the technology of gas mixing. I further understand that the handling of oxygen such as during gas mixing and Enriched Air filling involves mixing with air or other gases containing oil or oil byproducts can cause explosion resulting in life-threatening injury.

I understand that it is my responsibility to assure that I have selected the appropriate table for the gas mixture that I am using for any given dive. I am fully informed in the use of dive tables and am completely comfortable choosing the proper mixture and decompression schedule. I understand that there are many personal and daily physiological factors that can alter my body's capacity to absorb and eliminate inert gas and that no existing dive table or computer can guarantee protection from decompression sickness.

PLEASE FILL IN THE BLANKS BELOW AND THEN COPY THE ENTIRE FOLLOWING STATEMENT ON THE LINES PROVIDED BENEATH THIS PARAGRAPH.

I (your name) _____ am entering the agreement voluntarily which will exempt and release my instructors (name of GUE representatives) _____ the facility at which I received my instruction (name of facility) _____ and Global Underwater Explorers and all other related entities from all liability or responsibility whatsoever for personal injury, property damage or wrongful death however caused, including, but not limited to the negligence of the released parties and myself for my own negligence of other parties, whether passive or active.

Please retype the above paragraph here:



I have read this entire document and recognize that it is my responsibility to ensure that I understand each item, I have had ample opportunity to review this document and feel comfortable that any questions I have were answered promptly and completely. I further understand that when referring to scuba diving activity this form intends to include all types of aquatic activity, including but not limited to travel, skin diving, scuba diving and rebreather diving. I understand that I am releasing certain personal rights and those of my heirs. I understand that the purpose of this form is to completely release all individuals involved in my dive training. [Select "Continue" below to indicate your agreement with this statement]

Reset

Continue

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Global Underwater Explorers henceforth referred to, as GUE is a unique educational organization designed to redefine the nature of aquatic education. The development of these efforts will focus on dramatically elevating education, research and exploration activities. Representatives of this institution will be expected to maintain a substantially higher level of proficiency and conduct than is expected in the general diving community. These greatly elevated standards require that individuals maintain a high level of personal responsibility and act accordingly.

I, _____, hereby request student status with GUE to take the course _____ (include name and level of course).

I am entering this contract voluntarily and with the understanding that my association with this institution can be terminated at any time that it is deemed I no longer represent the high standards of this agency. Furthermore, I understand that any certifications or teaching privileges associated with this institution remain the property of GUE and as such may be revoked at any time. I will voluntarily relinquish said materials whenever asked and I will agree to whatever sanctions or penalties the ethics and/or training committee set forth.

I understand that GUE is structured as an elite organization, designed to promote safe and responsible diving activity. Furthermore, I recognize this organization is a voice for general responsibility including, but not limited, to diving excellence, environmental conservation, and personal health and fitness.

I recognize and accept that my association with this organization is based upon numerous subjective evaluations. I recognize that I will be held to a standard well above that of other training organizations and that my membership in this institution can be revoked at any time it is deemed I no longer represent the standards of care expressed in this contract and the mission statement. I have been provided copies of all said documents and afforded ample opportunity to review them.

I understand that the type of diving that I will be undertaking can be extremely strenuous and that it is imperative for me to maintain a high level of physical fitness. I understand and agree that my personal level of fitness is an essential aspect to my personal safety and the safety and that good fitness has a direct bearing on my ability to avoid causing injury or death to myself or others with whom I dive.

I will refrain at all times, whether I am diving or not, from consuming or using illicit drugs, including but not limited to marijuana, cocaine, and other narcotics. I understand and agree that I have a responsibility not to use drugs and that such use, which is life threatening in connection with diving, can lead to my expulsion from GUE.

I will refrain at all times, whether I am diving or not, from the excessive consumption of alcohol. I understand and agree that I have a responsibility not to use alcohol around any diving activity and that such use, which is life threatening in connection with diving, will lead to my expulsion from GUE.

I will refrain from taking any medications, whether prescribed by a physician or not, which might in any manner be dangerous while diving. If I have any questions whatsoever as to which drugs or medications are may place me at risk, I will contact GUE in advance of any diving activity to make full disclosure of the fact that I am on medication and to ascertain whether diving is contraindicated as a result of my use of the drug. I understand and agree that I have a responsibility not to use medications in connection with diving, and that such use, which is life threatening, will lead to my expulsion from GUE.

I will participate in a regular regime of physical exercise and remain in good physical condition at all times, absent physical illness, which precludes my adherence to this requirement. I understand that poor physical fitness or obesity is a condition that increases the likelihood of my death and the death of my diving partners for whom I may be responsible. I understand and agree that I have a responsibility to remain fit and not to become obese or grossly overweight and that such condition, which is life

threatening, will lead to my expulsion from GUE.

I understand and agree that I bear responsibility for my own education and that I am willing to engage in a course of personal study, physical preparation, and diving refinement.

I will abide by the strict standards set forth by the GUE curriculum including but not limited to: personal fitness, academic proficiency, equipment refinement as outlined by the GUE standards, diving excellence, and regular diving activity.

I understand that safety and diving proficiency are a function of personal effort, individual focus, and personal choice. As such I agree engage in a regular regime of diving activity, personal training, and academic review. I understand that regardless of how effective my training I maintain ultimate responsibility for my own safety and agree to make every reasonable effort to insure the safety of my team members.

I understand that this application releases certain rights that I would otherwise have and that I voluntarily enter into the contract in pursuit of _____ training. I further stipulate that I have had ample opportunity to consider this contract and the ability to seek legal counsel if I so desire. I am fully aware of the conditions set forth in this application and agree completely with its content and stipulations. I further stipulate that I have had ample opportunity to consider this contract and the ability to seek legal council if I so desire. I am fully aware of the conditions set forth in this application and agree completely with its content and stipulations.

Reset

Submit