

# MEDICAL INFORMATION

## DEEP OCEAN EXPEDITIONS LTD.

**Please print clearly or type.** Please complete one form per person. We have the right to release your reservation if you have any Medical Conditions that would prevent you from participating in the deep dives.

PROGRAM NAME \_\_\_\_\_ DEPARTURE DATE \_\_\_\_\_

Name \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Type \_\_\_\_\_ Rh  
Factor \_\_\_\_\_

Evaluate your general health. \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent  
Evaluate your physical condition/stamina. \_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_  
Excellent

### PLEASE ANSWER THE FOLLOWING QUESTIONS .

1. Have you been hospitalized or had surgery in the last five years?  **Yes**   
**No**  
If yes, when and for what?

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2. Do you have any heart or respiratory problems?  **Yes**  **No** Are you diabetic?  
 **Yes**  **No**  
If yes to either, please elaborate.

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3. Do you have any medical conditions or special health or dietary needs of which we should be aware?  **Yes**  **No** If yes, please describe.

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4. Do you take any medications on a regular basis?  **Yes**  **No**  
If yes, please complete the section below.

Generic Name	US Trade Name	Dosage Schedule
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Do you have any allergies?  Yes   No  If yes, please list them below.

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6. Do you have any dietary restrictions?  Yes   No  If yes, please describe below.

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IF NECESSARY, PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR COMPLETE EXPLANATIONS.

My doctor is \_\_\_\_\_ Telephone number: (\_\_\_\_)\_\_\_\_\_

IMPORTANT

Each passenger must provide this form signed by a medical doctor that you are considered physically and psychologically qualified to participate in a prolonged dive to deep depths in a small (two-three person) submarine. The certification should specifically state that you have no history of acute myocardial infarction, diabetes, seizure disorders, urinary tract problems, bowel problems, claustrophobia, or anxiety/depression that would make such participation inadvisable. (See the attached Medical Conditions Advisory.) If necessary, please attach a separate piece of paper for complete explanations.

*I have reviewed the attached "Medical Conditions Advisory" and affirm that I have no history of acute myocardial infarction, diabetes, seizure disorders, urinary tract problems, bowel problems, claustrophobia, or anxiety/depression that would make such participation inadvisable.*

IF NECESSARY, PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR COMPLETE EXPLANATIONS.

PASSENGER SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

*I have reviewed the attached "Medical Conditions Advisory" and I affirm that the above named individual has no history of acute myocardial infarction, diabetes, seizure disorders, urinary tract problems, bowel problems, claustrophobia, or anxiety/depression that would make such participation inadvisable.*

IF NECESSARY, PLEASE ATTACH A SEPARATE PIECE OF PAPER FOR COMPLETE EXPLANATIONS.

DOCTOR'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

# MEDICAL ADVISORY FORM

PLEASE READ THE MEDICAL CONDITIONS BELOW IN CONJUNCTION WITH COMPLETING THE DEEP OCEAN EXPEDITIONS MEDICAL FORM.

DEEP OCEAN EXPEDITIONS SUBMERSIBLES ARE ALL OPERATED AT ONE ATMOSPHERE - DIVING IS AKIN TO DRIVING YOUR CAR, HOWEVER DIVES ARE APPROXIMATELY 10-12 HOURS IN DURATION, THE SUBMERSIBLES ARE SMALL AND THE FOLLOWING MEDICAL CONDITIONS MAY PREVENT YOU FROM PARTICIPATING IN DIVING.

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- History of myocardial infarction(s)
- History of cerebrovascular accidents (e.g. stroke, brain hemorrhage, etc.)
- History of coronary artery disease and angina pectoris
- History of cardiovascular disease with shortness of breath
- History of pulmonary disease with shortness of breath
- Diabetes mellitus, poorly controlled or insulin dependent
- Severe to moderately severe asthma
- Conditions associated with urinary or bowel incontinence or leakage and flatulence
- Conditions such as marked obesity and back or joint disabilities which preclude entering, exiting and spending hours in close, cramped and perhaps uncomfortable positions
- Anxiety, emotional depression and/or various psychiatric disorders
- History of seizure disorders
- History of severe or disabling surgical procedures
- Each proposed participant (passenger) must provide a list of his/her current medication, prescription and non-prescription (to be completed on the attached form)
- Each passenger should have adequate amounts of medications with him/her to last the duration of the trip