



## Medical, Liability Release and Assumption of Risk Statement of participate in activities of Hong Kong Underwater Association

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Form : A-003

The HKUA advice who had participate or would like to participate in any kinds of Dive training, Dive activities, or Underwater activities, should acknowledge himself/herself is physically fit for attending the said activities. Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section. If any of these items apply to you, we must request that you consult with a physician prior to participating in scuba diving.

Please answer the following question and put an "X" in the right boxes, "Y" for "yes" and "N" for "no":

Y N

- You are pregnant, or you are attempting to become pregnant.
- You are presently taking prescription medications.
- You are over 45 years of age

Y N

- You are a smoker (pipe, cigars or cigarettes)
- You have a high cholesterol level
- You have a family history of heart attack or stroke

### Have you ever had or do you currently have...

- Heart disease / Heart attack (or need to take medication to prevent) ?
- Asthma, or wheezing with breathing, or wheezing with exercise?
- Diabetes?
- Epilepsy, seizures, convulsions or take medications to prevent them?
- High blood pressure or take medicine to control blood pressure?
- Pneumothorax (collapsed lung)?
- Back or spinal surgery?
- Blackouts or fainting (full/partial loss of consciousness)?
- Ear disease or surgery, hearing loss or problems with balance?
- Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?
- Frequent colds or sinusitis
- Bronchitis or any form of lung disease?
- Frequent or severe attacks of hayfever or allergy?
- Hernia?

- Angina, heart surgery or blood vessel surgery?
- Sinus surgery?
- A colostomy or ileostomy?
- Ulcers or ulcer surgery?
- Chest surgery?
- Back surgery?
- Other surgeries? \_\_\_\_\_
- Problems following surgery, injury or fracture?
- Behavioral health problems?
- Fear of closed or open spaces?
- Bleeding or other blood disorders?
- Recurring complicated migraine headaches or take medications to prevent them?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: walk 1 km within 8 mins.)?

I, \_\_\_\_\_, hereby affirm that the information I have provided about my medical history is accurate to the best of my knowledge. I am aware that diving activities have inherent risks which result in serious injury or death. I understand and agree that neither the HKUA nor the organizer of the activity may be held liable or responsible in any way for any injury, death or the other damage to me. I hereby personally assume all risk of this activity and that I will not hold the HKUA or the organizer responsible for the same.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian.

Signature of Participant : \_\_\_\_\_

Date : \_\_\_\_\_

I am the Parent/Guardian of \_\_\_\_\_, and I have read the above statement. I hereby affirm that the information provided above is truth. And I agree the said participant to attend this activity. I hereby affirm that the participant or Parent/Guardian of the participant assume all risk of this activity and that I will not hold the HKUA or the organizer responsible for the same.

Name of Parent/Guardian : \_\_\_\_\_

Signature of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

(Rev., 12/2012)

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香港銅鑼灣掃桿埔大球場徑一號奧運大樓 1012 室 電話: 25048154 傳真機號碼: 25775601 網頁: http://www.hkua.org.hk	Room 1012, Olympic House, 1 Stadium Path, So Kon Po, Causeway Bay, HONG KONG Tel: 25048154 Fax: 25775601 Home Page: http://www.hkua.org.hk