Pre-competition Medical Questionnaire (Confidential)

LAST NAME :

First Name :

**IMPORTANT : PLEASE READ !**

Deep freediving is a strenous activity carried out in the underwater environnement, wich may, under certain conditions, increase your risk of accident and lead to drowning. This risk may be significantly increased if you have certain physical conditions and and especially if you have a medical problem or are taking certain medications.

The pre-competition medical questionnaire is essential to detect an old or recent medical problem.

Failure to report a medical problem can have serious consequences for your health and engages your responsibility. In these conditions, you are not only putting yourself in danger but you are also endangering the safety freedivers.

This medical questionnaire submitted to professional secrecy will be given confidentially to the doctor of the competition.

A positive response to a question does not necessarily disqualify you from freediving but but may lead the doctor of the competition to question you, examine you and, in case of doubt, to carry out additional examinations.

After having correctly and honestly answered this medical questionnaire, the freediver must sign obligatorily a declaration specifying that the information provided is accurate and that he will inform the doctor of the competition in the event of any change in his state of health at any time during the competition.  
  
After reading the declaration of the freediver, the doctor must sign a certificate stating that he has not found, subject to the accuracy of the freediver's answers to the pre-competition medical questionnaire, a medical contraindication to the practice of deep apnea in competition or that it is not able to pronounce on the aptitude of the freediver without medical examination, a clinical examination and if he deems it necessary, additional examinations or that he has noted a medical contraindication to the practice of deep apnea in competition.

Please complete the following pre-competition medical questionnaire regarding your past or present medical history by checking the check box labeled YES or NO for the 15 detailed sections.

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| --- | --- | --- | --- |
|  | QUESTIONNAIRE (15 rubriques) | **YES** | **NO** |
| 1 | **History of diving accidents** : decompression sickness, pulmonary edema of immersion, lung squeeze, hypoxic accident (syncope, samba), hyperoxic crisis, pulmonary barotrauma, barotrauma of the middle or the inner ear, another accident. |  |  |
| 2 | **Cardiovascular disorders** : angina, myocardial infarction, heart attack, valvulopathy, heart surgery, cardiac arrhythmias, high blood pressure, hypotension, bleeding disorders, taking medication(s) for the heart, other cardiovascular disease. |  |  |
| 3 | **Pulmonary disorders** : asthma (allergic asthma or exercise asthma), bronchitis, emphysema, pneumothorax, pleurisy, pulmonary cyst, pulmonary tumor, pulmonary embolism, severe lesions of lung tissue, any lung problem impairing your ability to breathe (shortness of breath, bloody sputum, wheezing, coughing and especially in relation to exercise, stress), taking medication(s) for the lungs (oral treatment or inhaler), other lung disease. |  |  |
| 4 | **Neurological disorders** : syncope (loss of consciousness), blackout, seizures, convulsions, epilepsy, head trauma, stroke, cerebral aneurysm, coma, brain surgery, severe migraine headaches, taking medication(s) for the central nervous system, other neurological disease. |  |  |
| 5 | **Psychological - psychiatric disorders** : depression, phobia, taking medication (s) for a psychological -psychiatric disease |  |  |
| 6 | **Osteo-arthro-muscular disorders** : disc herniation, severe disc disease, back pain, fracture (s), muscle cramps, tetany, muscle injury, muscle weakness, bone, joint or muscle disease, taking medication(s). |  |  |
| 7 | **Endocrine disorders** : type I / type II diabetes requiring insulin or oral medication, unstable diabetes causing episodes of hypoglycemia or hyperglycemia or ketosis, thyroid disease, taking medication(s) for endocrine disease, other disease. |  |  |
| 8 | **Ears**: pain, dizziness, otitis, perforation of the eardrum, trans-tympanic aerators, severe hearing loss or loss of one or both ears, ear surgery, taking medications.  Pregnancy: If you are pregnant or planning to become pregnant. |  |  |
| 9 | **Sinus** : acute or chronic sinusitis, tumor or polyps or cyst of the sinus cavities or nasal cavities, major sinus surgery, medication(s). |  |  |
| 10 | **Kidneys** : kidney disease, medication(s). |  |  |
| 11 | **Eyes**: eye disease, medication(s). |  |  |
| 12 | **Pregnancy** : If you are pregnant or attempting to become pregnant. |  |  |

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| --- | --- | --- | --- |
|  | QUESTIONNAIRE (15 rubriques) | **OUI** | **NON** |
| 13 | **Medication(s), toxic substances**: any medication taken regularly, taken in dive, over the counter or by prescription from a doctor, alcohol, tobacco, drugs. |  |  |
| 14 | **Allergy** : medication(s) (eg : allergy to aspirin) or other(s). |  |  |
| 15 | **General medical problems** : Any unspecified physical and / or emotional condition that may affect your health, judgment or safety, especially during physical or emotional stress in the underwater environment: illness, infection, fever, muscular pains, physical or psychological fatigue, physical deconditioning, discomfort, weakness. |  |  |

**DECLARATION**

I declare that I have correctly and honestly answered the pre-competition medical questionnaire. The information provided on my medical history is, to my knowledge, accurate. It is my responsibility to inform the doctor of the competition of any changes in my health at any time during the competition.

I acknowledge my responsibility for any failure to report my past or present health.

LAST NAME :

First Name :

***CERTIFICATE TO BE SIGNED BY THE DOCTOR OF THE COMPETITION***

I find, subject to the accuracy of the answers to the pre-competition medical questionnaire, no medical conditions that I consider incompatible with freediving in competition.

I am unable to recommend this individual for freediving in competition without further examination, clinical examination and, if I deem it necessary, additional examinations.

I find medical conditions that I consider incompatible with freediving in competition.

Dr Carl WILLEM Signature / Stamp :

Diving Medicine

Hyperbaric Medicine

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