

PUSHYNUSHIMA FUN DIVING

Please print legibly

★ DIVE RECORD FILE ★

Room: _____ Name: _____

Age: _____ Date of birth: _____ / _____ / _____
month day year

Address: _____

Phone: _____

★ EMERGENCY CONTACT INFORMATION ★

Name: _____ Relationship: _____

Address: _____

Phone: _____

★ CERTIFICATE CARD ★

Date certificated: _____ / _____ / _____ Certificate number: _____
month day year

Diving group: NAUI PADI CMAS JP ADS JUDF SSI others ()

Diving level: OPEN WATER ADVANCED RESCUE DIVE MASTER

INSTRUCTOR others ()

★ DIVING EXPERIENCE ★

Diving experience: Total of _____ Dives, including _____ boat dives.

Latest diving date: _____ / _____ / _____
month day year

★ RENTAL EQUIPMENT ★

all

regulator BCD mask gloves suit none

Height: _____ cm Weight: _____ kg

Eye sight level: R _____ L _____
Softcontact lens OK / Hardcontact NG Shoe size: _____ cm

★ MEDICAL CHECK ★

Diving is an exciting and demanding activity. When performed correctly, applying correct technique, it is very safe. When established safety procedures are not followed, however, there are dangers.

To scuba dive safely, you must not be extremely overweight or out of condition. Diving can be strenuous under certain conditions, which your respiratory and circulatory systems must be in good health. All body air space must be normal and healthy. A person with heart trouble, a current cold or congestions, epilepsy, asthma, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If taking medication, consult your doctor and the instructor before participation in this dive tour.

Please mark the following you apply:

I have had or currently have---

- frequent colds, sinusitis, or bronchitis.
- frequent or severe attacks of hay fever or allergy.
- history of ear disease, hearing loss or problems with balance.
- been smoking more than 1 pack of cigarettes.
- Claustrophobia or agoraphobia. (fear of closed or open spaces)
- history of diving accidents or decompression sickness.
- history of disease in respiratory organs.
(tuberculosis, pneumonia, asthma, other.)
- history of chronic disease.
(heart disease, high blood pressure, diabetic, other.)
- regularly taking prescription or nonprescription medications.
- frequently suffer from motion sickness. (sea, car, etc.)
- been pregnant or attempting to become pregnant.
- history of drug or alcohol abuse.

★ STATEMENT OF UNDERSTANDING ★

_____, understand that as a diver I should.
(print name)

1. maintain good mental and physical fitness for diving. Avoid being under the influence of alcohol or drugs, lack of sleep, over work, or any other that may give an affection on my dives.
2. Adhere to the buddy system through out every dive.
3. Know and obey local diving laws and regulations, including fish-game and dive-flag laws.
4. Listen carefully to dive briefings and directions and respect the advice of those supervising my diving activities.
5. Breathe properly for diving. Never breath hold or skip breath when breathing compressed air, and avoid excessive hyperventilation when breath-hold diving. I will avoid overexertion while in and under.
6. Understand that diving is a sport that includes peculiar respiration system and answer for the danger and responsible for my behavior.
7. Not dive on the day I have boarding plans.

I have read the above statements and have had any questions answered to my satisfaction. I understand the importance and purposes of these established practices. I recognize they are for my own safety and well being, and that failure to adhere to them can place me in jeopardy when diving.

I will not claim damages or start any of the staffs for any kind of accident that may occur.

Also, the information I have provided in medical check is accurate to the best of my knowledge.

Signature

_____/_____/_____
month / day / year