

SNORKELLING & SWIMMING HEALTH DECLARATION

Surname		Preferred Title (Mr. Ms. Dr. etc)	
First Name(s)		Date of Birth	
Department		Staff/Student ID	
Position at James Cook		Phone	
What year did you start snorkelling?		Snorkelling experience in open waters: <input type="checkbox"/> Less than 10 hours <input type="checkbox"/> 10-50 hours <input type="checkbox"/> More than 50 hours	

SWIMMING PROFICIENCY AND FITNESS

Are you able to swim or tread water for 10 minutes non-stop? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you able to swim 200m in less than 5 minutes? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have more than 15 hours experience in breath-hold diving? <input type="checkbox"/> YES <input type="checkbox"/> NO	
FITNESS (circle one)	Low	Average	Good
Minutes of vigorous exercise per week:	0 – 30min total	30 – 180min total	More than 180min

DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS? (circle)

Heart disease	YES	NO
High or low blood pressure	YES	NO
Shortness of breath (especially when exercising)	YES	NO
Asthma	YES	NO
Emphysema or other chronic lung disease	YES	NO
Epilepsy	YES	NO
Fits or faints	YES	NO
Recent head injury or concussion	YES	NO
Diabetes (type.....)	YES	NO
Do you smoke cigarettes?	YES	NO
Are you pregnant?	YES	NO
Are you taking prescribed medication?	YES	NO

Signature (Parent/Legal Guardian if under 18 years old)
 Name in(Print)
 Date:.....