



## QUESTIONNAIRE PRIOR TO A TRYSCUBA DIVE

Date :

Location :

Name of the Diver :

Surname :

Regardless of your specific needs, you can do a tryscuba dive if you have no medical contraindications, understand the instructor's simple instructions and can express yourself to tell him if something is wrong. You must also wear diving goggles, keep your head under water and be able to tolerate contact and proximity to other people.

To evaluate your health, please tick the situations that apply to you:

- I often have problems with my ears, throat or lungs.
- I have earaches when I go on a plane or to the mountains.
- I have had surgery on my ears, sinuses or heart.
- I have had epileptic episodes over the last five years.

Today (day of the tryscuba dive):

- I have a cold, a cough or am short of breath.
- I have ear - sinus or toothache.
- I am being treated for diabetes, heart disease or epilepsy.

If you have not ticked a box, your health condition is compatible with a FLASSA Tryscuba Dive.

If you have ticked one or more boxes, a visit to the doctor is mandatory before the tryscuba dive to confirm that you have no contraindications or to explain any precautions to the supervisor.

Do you have special needs?

- Yes, if yes, please specify your special needs
- No



**Your specific needs are under following category:**

- |  |  |
|--|--|
| <input type="checkbox"/> physical or motoric | <input type="checkbox"/> Hearing impairment/hearing loss |
| <input type="checkbox"/> I need a wheelchair | <input type="checkbox"/> Visual impairment               |
| <input type="checkbox"/> neurological origin | <input type="checkbox"/> psychic                         |

I would like to explain my special needs:


I hereby confirm the accuracy of all data provided and sign<sup>1</sup> the questionnaire<sup>2</sup>:

**INFORMATION REGARDING the Diver**

Name:  Surname:

Date of birth:  Sex:  Woman  Man  Other

Address:

Postal Code:  Town:  Country:

Phone:  E-mail:

Does the Diver has the capacity to consent to medical treatment on his/her own behalf?  Yes  No

Signature:  Date:

**PARENT / GUARDIAN INFORMATION (required if minor or has a legal guardian) /**

**Parental authorisation**

Name:  Surname:

Relationship (legal representative, parents, ...):

Address :

Postal Code:  Town:  Country:

Phone:  E-mail:

Signature:  Date:

**CONTACT IN THE CASE OF AN EMERGENCY**

Phone:

<sup>1</sup> If you are a minor or if you do not have the motor or intellectual capacity to sign, please ask a relative to do so for you under "Information from parent/guardian".

<sup>2</sup> Only anonymised data may be kept for scientific studies.