

Let's Get Ready to Dive!!!!





Coronavirus has interrupted our fun!!!!



What can we do while we wait?????



Check your equipment

Regulator

BCD

Bags & Luggage



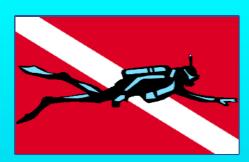
Tank(s)

Straps & Connectors

Cameras & Lights

Anything new?

Label it all



Here's to your Health







Participant Record (Confidential Information)

Please read carefully before signing.

This is a statement in which you are informed of some potential risks
involved in scuba diving and of the conduct required of you during the
scuba training program. Your signature on this statement is required for
you to participate in the scuba training program offered
T T

by_	Instructor		and
_	Facility		located in the
city o		, state/province of	

Read this statement prior to signing it. You must complete this Medical Statement, which includes the medical questionnaire section, to enroll in the scuba training program. If you are a minor, you must have this Statement signed by a parent or guardian.

Diving is an exciting and demanding activity. When performed orrectly, applying correct techniques, it is relatively safe. When

Divers Medical Questionnaire

ined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disquality you from diving. A positive response means that there is a preexisting condition that may affect your safety while advice and you must seek the advice of your physician prior to engaging in

	and the second s
_	Could you be pregnant, or are you attempting to become pregnant?
—	Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
_	Are you over 45 years of age and can answer YES to one or more of the following?
	currently smoke a pipe, digars or digarettes have a high cholesterol level
	have a family history of heart attack or stroke
	are currently receiving medical care
	high blood pressure diabetes melitius, even if controlled by diet alone
Have	e you ever had or do you currently have
	Asthma, or wheezing with breathing, or wheezing with exercise?
	Frequent or severe attacks of haylever or allergy?
	Frequent colds, sinusitis or bronchitis?
	Any form of lung disease?
	Pneumothorax (collapsed lung)?
	Other chest disease or chest surgery?
	Behavioral health, mental or psychological problems (Panic attack, fear of closed or open spaces)?
	Epilepsy, seizures, convulsions or take medications to prevent them?

Blackouts or fainting (full/partial loss of consciousness)?

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept nsibility for omissions regarding my failure to disclose any existing or past health condition

established safety procedures are not followed, however, there are

To scuba dive safely, you should not be extremely overweight or out of condition. Diving can be strenuous under certain conditions. Your respiratory and circulatory systems must be in good health. All body air spaces must be normal and healthy. A person with coronary disease, a current cold or congestion, epilepsy, a severe medical problem or who is under the influence of alcohol or drugs should not dive. If you have asthma, heart disease, other chronic medical conditions or you are taking medications on a regular basis, you should consult your doctor and the instructor before participating in this program, and on a regular basis thereafter upon completion. You will also learn from the instructor the important safety rules regarding breathing and equalization while scuba diving. Improper use of scuba equipment can result in serious injury. You must be thoroughly instructed in its use under direct supervision of a qualified instructor to use it safely.

If you have any additional questions regarding this Medical Statement or the Medical Questionnaire section, review them with your instructor before signing.

Please answer the following questions on your past or present medical history with a YES or NO. If you are not sure, answer YES, If any of these terms apply to you, we must request that you consult with a physician prior to participating in souble diving. Your instructor will supply you with an HSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your

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- ability to perform moderate exercise (example: walk 1.6 km/one mile
- Head injury with loss of consciousness in the past five years?

- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure'
- Heart disease?
- Angina, heart surgery or blood vessel surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Bleeding or other blood disorders?
- Ulcers or ulcer surgery ?

- Recreational drug use or treatment for, or alcoholism in the past five

Signature of Parent or Guardian

Avoid Corona !!!

Update Medical Forms



Stay / Get Fit

Legs Cardio Core



Swim

Diet????



Dream



Movies

Books

Websites

Video....yours, others

Magazines



Local Dives



Pool

Training, Practice, Fitness, Gills



Springs

Blue Grotto, Devil's Den...



Gulf

Tarpon Springs, Venice...



Ocean

Jupiter, Blue Heron Bridge...



Keys

Open, but call ahead



Plan Ahead

Whats opening...when...how...

Insurance up to date?

Bucket List...Prioritize

Passport up to date?

Reschedule trips cancelled

Update packing list



Training





How? Old book, new book, eLearn, You Tube

Nitrox

Refresher

Practice skills Next level

Specialty

Photo

Family & Buddies



Get Ready

Get Set

Let's Go!!!!!