

# 2017 Sea Camp

## July 8<sup>th</sup> - 12<sup>th</sup>

### Registration Form

For Office Use Only: # \_\_\_\_

Date Received: \_\_\_\_\_

Check # \_\_\_\_\_

Check From: \_\_\_\_\_

Please return this completed form and the forms listed below with your check for \$385 to your local county extension office. County extension offices must register you for Sea Camp through the 4-H Online system.

**REMEMBER—first-come, first-served!** Make check payable to: OSU Extension. Registration questions? Please call Wayne County Extension at (330) 264-8722.

Forms to be returned: 1) Registration Form 2) Waiver; 3) Health History Form 4) Dermascan Waiver & Release 5) PADI Snorkeling Forms. **ALL FORMS MUST BE FILLED OUT COMPLETELY.**

***Register by June 1<sup>st</sup>***

1. NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ SEX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

2. T-SHIRT SIZE (circle one): Women's sizes: XS SM L XL 2XL 3X 4XL  
L  
Men's sizes: S M LXL 2XL 3XL 4X  
,

3. How many years have you attended Sea Camp? 0 1 2 3 4 (please circle)

4. Are you a 4-H member? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, with what county? \_\_\_\_\_

5. On the next page, identify your preferences for the Tuesday ADVENTURES trips. We are offering five different ADVENTURES this year. Space is limited on some of the trips, so we will place you the best we can. We believe that all five ADVENTURES will be fun and exciting.



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**Please mark your 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> choices below:**

\_\_\_\_\_ **A. Climb aboard for an all day charter fishing trip on Lake Erie** with a certified and experienced captain! You will depart at 8 a.m. and return around 4 p.m. Your captain will take you to the best spots to catch lots of fish. The captains will share tips for fishing as well as navigation. Try the lures that you made earlier at camp as you go for your limit. To make sure you have the best time possible, campers will be given non-drowsy sea sick medicine at breakfast because the trip will continue even if you don't feel well. Upon returning to the mainland, you will be able to practice your fish filleting techniques

\_\_\_\_\_ **B. Stone Lab & South Bass Island Tour.** If you have a keen interest in aquatic science this is the perfect experience for you. After riding the Jet Express to Put-in-Bay we will meet with a research assistant from The Ohio State University's Stone Lab. Whereupon, we will spend the morning on a Stone Lab research vessel making observations, sampling water quality, conducting atmospheric readings and drawing conclusions. You will also learn to use aquatic sampling equipment, including a fish trawl, while taking and identifying live specimens. After lunch, we will walk to Perry's Victory Monument to participate in the summer-long celebration of Commander Perry's Lake Erie victory over the British in the War of 1812. Before returning to the docks for departure to Kelley's Island, we will have the opportunity to explore the picturesque village of Put-In-Bay **(Limited to 12 campers)**

\_\_\_\_\_ **C. Fishing and Snorkeling Adventure.** If you love to be in and under the water as well as on it, choose this adventure. A special charter boat built for snorkeling will take you to several local ship wrecks and other sites of interest. You will learn some of the history of shipping on the Great Lakes and the wrecks you'll visit. You'll use the snorkeling techniques that were taught earlier in camp. Depending on the weather and water conditions, this charter will fish for a half day in the morning then go snorkeling after lunch. **(Limited to 10 campers)**

\_\_\_\_\_ **D. Explore Lake Erie shoreline in touring kayaks and fish on a half day charter boat trip!** Spend half the day learning how to plan for an open water adventure and how to properly use kayak safety equipment. The other half a day will be spent charter boat fishing. While kayaking we will practice techniques on how to safely exit and re-enter kayaks offshore. Depending on the weather and water conditions, we will use high-performance touring kayaks or sit-on-top kayaks. Please note, not all people are able to or are comfortable in fitting into tight kayak cockpits; maximum weight is usually in the 220-250 pound range for these kayaks. American Canoe Association certified instructors will lead the adventure. **(Limited to 10 campers)**

\_\_\_\_\_ **E. Sail around the islands...**be part of the crew on a large modern 30-40 foot sloop equipped with up-to-date communication and navigation equipment. As the engine shuts down, you will help to set the sails and catch a lake breeze. There will be time to relax and listen to the wind in the rigging as you explore nearby points of interest. With an experienced U.S. Coast Guard licensed captain and crew at the helm you'll have a chance to transfer what you learn on our small sailboats to a larger cruising sailboat – maybe even take the wheel for awhile. **(Limited to 5 campers)**

**Waiver and Release for Participation at Ohio 4-H Sea Camp**  
**Ohio State University Extension 4-H Youth Development**  
**This form must be completed and returned before any program participation.**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: Male Female  
 Parent/Guardian Name (if applicable): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address, City, Zip: \_\_\_\_\_

**PLEASE READ CAREFULLY.**

***(Provisions in parentheses apply if the waiver is signed for a minor or ward)***

As part of the consideration tendered for myself (or my child/ward) being permitted to participate in all activities at the **Ohio 4-H Sea Camp held at Kelley's Island on July 8-12, 2017** (per following program description and acknowledged by signature(s) below to have been reviewed as to risks of the program that may be present or occur), I am aware (and have discussed with my child) that:

1. Ohio 4-H Sea Camp activities are often physically demanding and challenging. Activities involved in camp may include, but are not limited to living in a cabin; sharing bathroom facilities with other campers; and sleeping in bunk beds; and may also include kayaking; canoeing; riding in and controlling power boats and sailboats; fishing along shorelines and from boats; swimming; nature hikes; riding bicycles; playing volleyball, basketball, relay races and other recreational games; campfire activities; and dances. Attending the camp may lead to contact with individuals who are experienced and inexperienced in the above activities.
2. While in a kayak, canoe, sailboat or powerboat, my child may be involved in a collision with another craft, person, or object in water;
3. Hiking may give rise to risk of injury arising from the surface or subsurface of the ground on which the hiking occurs;
4. Participation in sporting/recreational events may give rise to injury as a result of collisions with another individual or sudden falls;
5. Other participants may act in a negligent manner which otherwise may result in harm to my child;
6. Swimming may lead to injury caused by slippery surfaces, contact with other swimmers and/or objects in the water;
7. On occasion, programs may be cancelled or activities substituted due to weather, staffing or other reasons at the discretion of camp staff.
8. Nature-related risks include weather, forces of nature such as extremes of temperature and lightening, and injuries from interactions with animals or plants.

I recognize that the above outlined activities and potential resulting risk are examples of activities and risks that may cause injury, death, drowning, or loss to participants or other persons in the immediate vicinity. To limit risks, participants must listen and follow the directions given by camp staff, leaders and volunteers. I understand that my (or my child's) participation in each activity is strictly voluntary and is not a requirement for attending camp, but grant permission for him/her to do so, despite the possible risks. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I agree (for and on behalf of myself and my child/ward) to, and do hereby, waive any and all claims against, and agree to fully release, hold harmless, and indemnify participating organizations including The Ohio State University and its Board of Trustees, Ohio 4-H, the Board of Park Commissioners of the Cleveland Metropolitan Park District, and Youth Outdoors, Ohio Department of Natural Resources, Lake Erie Islands State Park, and these organizations' officers, employees, agents, and volunteers from any and all claims related to any illness, injury, including loss of life, property damage, or loss of any other description which I (or my child/ward) may sustain arising out of, or in any way associated with, my (or my child/ward's) participation in the above listed activities.

**(If the participant is a minor, the parent/guardian must sign)**

\_\_\_\_\_  
Participant      Date

\_\_\_\_\_  
Parent/Guardian      Date



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## WAIVER AND RELEASE FOR DERMASCAN EDUCATIONAL VIEWING “Scan Your Tan”

Please read and sign below:

I agree to the viewing of my (or my child's) skin to determine areas of sun damage. I release Ohio State University Extension and all other persons, firms, corporations, and/or entities involved from any and all liability related to this. I understand that:

1. The results from this educational viewing are preliminary and are not a diagnosis of skin cancer.
2. The responsibility for follow-up on skin damage and to obtain further medical help belongs to me and not that of any other person, firm, corporation or other entity.
3. No guarantee of any kind is made with respect to this viewing.
4. Even if I follow completely the suggestions given to me in this viewing, there is no assurance I (or my child) will not develop skin conditions including skin cancer.
5. The information discussed during this viewing will remain confidential.
6. If my child receives the viewing and is under the age of 18, it is my child's responsibility to tell me about his/her experience in this educational session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**(Parent/Guardian MUST sign if person receiving the viewing is under 18 year's old.)**

\_\_\_\_\_  
Printed name of adult signing above

\_\_\_\_\_  
Name of child if receiving viewing (print)

### What is seen during a Dermascan Screening?

- \* The machine uses an ultraviolet light to determine the amount of damage the skin has received throughout its lifetime.
- \* The amount of rays from the screening is very minimal and is not harmful to the skin.
- \* Dental work will appear yellow.
- \* Eye surgery will make eye look different. Examples are laser and cataracts. Dark circles around the eyes, like a raccoon, are normal.
- \* Scar tissue will appear a different color.
- \* Stones in earrings and rings will appear a different color.
- \* Sometimes the corners of the mouth are light yellow; stained due to the food or drink just consumed.
- \* Colored hair will appear a complete different color.
- \* Grecian formula – you will be able to see through it and the hair will appear gray or fluorescent.
- \* To view through beards on male clients is difficult.
- \* Pinpoint areas around the chin and nose that are fluorescent orange/yellow are due to sweat glands (seen in the younger population more).
- \* Make-up containing SPF blocks the Dermascan light and prevents viewing the skin BUT this does show how effective make-up application has been.



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**Ohio 4-H Health Statement**

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

**REQUIRED!**  
**Attach**  
**Picture**  
(for I.D.  
purposes only)

**Participant/Member Information:**

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

**Emergency Contact Information:**

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Other Contact/Relationship: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

**Health History:****Communicable Diseases:**

Provide the date (approximate is acceptable) at which participant has had or was exposed to:

Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Mumps \_\_\_\_\_ Other Communicable Diseases \_\_\_\_\_

**Immunization/Vaccine Record:**

To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.

The participant has received a Tetanus Booster. Date of last booster: \_\_\_\_\_

If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.

**Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:**

**Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):**  
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



**Check below if the participant is subject to any of the following conditions:**

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

**Allergies:**

If none, please write NONE here: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? \_\_\_\_\_

Serious bee or insect sting reactions: What is the prescribed treatment? \_\_\_\_\_

*NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.*

**Accommodations for Camp:**

Please tell us about the accommodations your child may need at 4-H camp:

- I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- I have dietary restrictions (describe below).
- I have limited mobility (e.g. crutches, cane, etc.).
- I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- I require the use of medical equipment that needs electricity (describe below).
- I require other accommodations not listed above (describe below).
- I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: \_\_\_\_\_

Description of any camp activities from which my child should be exempted for health reasons: \_\_\_\_\_

**Instructions for Medications:**

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

**Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:**

<input type="checkbox"/> Acetaminophen ( ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Ibuprofen (ex: Advil, Motrin)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Insect Repellent	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics			

**Emergency Medical and Informed Consent/Camp/Program Release**

I understand that my child, \_\_\_\_\_ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Photo and Video Release**

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, \_\_\_\_\_, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

\_\_\_\_\_  
 Parent/Guardian Printed Name      Parent/Guardian Signature      Date



# UNDERWATER DIVE CENTER INC.

42551 NORTH RIDGE RD.  
ELYRIA, OHIO 44035-1046  
PH (440) 324-3434 FAX (440) 324-3457  
E-mail: [udc@underwaterdive.com](mailto:udc@underwaterdive.com)

## How to fill out the Snorkeling Liability Release and Medical Statement

Parent and Sea Camper:

These forms are to be filled out completely before you can participate in snorkeling.

### STEP 1: How to fill out the Discover Snorkeling Liability Release:

1. Fill out by **Printing** - Name, Address, City, State, County, Zip, Home Phone, Birth Date and Age.
2. On first line of the Liability Release and assumption of risk fill in Participant Name.
3. After reading completely—Signature of Participant and date and if participant is under 18 years of age Signature of Parent/Guardian and date is required.

### STEP 2: How to fill out the Medical Statement:

1. Please read.
2. Divers Medical Questionnaire - Please fill in beside each question with a **Yes or No. (spell completely out - a Y or N is not acceptable) If you are not sure, answer Yes.**
3. If you answered YES on any question, you must take this Medical Statement form with you to your Physician and have the physician mark a check beside one of the statements under **Physician's Impression"** and their signature and date.

**Prior to participating in the snorkeling session at Sea Camp these forms have to be completed correctly or sea camper will not be permitted to participate.**





Discover Snorkeling and Skin Diving  
**LIABILITY RELEASE AND  
ASSUMPTION OF RISK AGREEMENT**

Please print legibly.

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Email Address \_\_\_\_\_

**Please read carefully and fill in all blanks before signing.**

I, \_\_\_\_\_ hereby affirm that I am aware that skin diving has inherent risks which may  
result in serious injury or death.  
Participant Name

I understand and agree that neither my guide(s)/instructor(s), \_\_\_\_\_, the facility through  
which this program is offered, \_\_\_\_\_, nor International PADI, Inc. nor its affiliate and  
Facility Name

subsidiary corporations, nor any of their respective employees, officers, agents, contractors or assigns (hereinafter referred to as "Released Parties") may be held liable or responsible in any way for any injury, death or other damages to me, my family, estate, heirs or assigns that may occur as a result of my participation in this program or as a result of the negligence of any party, including the Released Parties, whether passive or active.

In consideration of being allowed to participate in this program, I hereby personally assume all risks of this program whether foreseen or unforeseen, that may befall me while I am participating in this program.

I further release, exempt and hold harmless said program and Released Parties from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my enrollment and participation in this program.

I understand that snorkeling and skin diving are physically strenuous activities and that I will be exerting myself during this program, and that if I am injured as a result of heart attack, panic, hyperventilation, drowning or any other cause, that I expressly assume the risk of said injuries and that I will not hold the Released Parties responsible for the same.

I understand that past or present medical conditions may be contraindicative to my participation in the program. I affirm that I am not currently suffering from a cold or congestion or have an ear infection. I affirm that I do not have a history of seizures, dizziness or fainting, nor a history of heart condition (e.g. cardiovascular disease, angina, heart attack). I further affirm that I do not have a history of respiratory problems such as emphysema or tuberculosis. I affirm that I am not currently taking medication that carries a warning about any impairment of my physical or mental abilities.

I further state that I am of lawful age and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand the terms herein are contractual and not a mere recital, and that I have signed this Agreement of my own free act and with the knowledge that I hereby agree to waive my legal rights. I further agree that if any provision of this Agreement is found to be unenforceable or invalid, that provision shall be severed from this Agreement. The remainder of this Agreement will then be construed as though the unenforceable provision had never been contained herein.

I understand and agree that I am not only giving up my right to sue the Released Parties but also any rights my heirs, assigns, or beneficiaries may have to sue the Released Parties resulting from my death. I further represent I have the authority to do so and that my heirs, assigns, or beneficiaries will be estopped from claiming otherwise because of my representations to the Released Parties.

I, \_\_\_\_\_, BY THIS INSTRUMENT AGREE TO EXEMPT AND RELEASE MY  
Participant Name  
GUIDE(S)/INSTRUCTORS, \_\_\_\_\_, THE FACILITY THROUGH WHICH I RECEIVE MY  
INSTRUCTION, \_\_\_\_\_, AND INTERNATIONAL PADI, INC., AND ALL RELATED ENTITIES AS  
Facility Name  
DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR

WRONGFUL DEATH HOWEVER CAUSED, INCLUDING BUT NOT LIMITED TO THE NEGLIGENCE OF THE RELEASED PARTIES,  
WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF AND MY HEIRS OF THE CONTENTS OF THIS LIABILITY RELEASE AND ASSUMPTION OF RISK  
AGREEMENT BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date (Day/Month/Year)

\_\_\_\_\_  
Signature of Parent of Guardian (where applicable)

\_\_\_\_\_  
Date (Day/Month/Year)



# MEDICAL STATEMENT

## 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

by \_\_\_\_\_ and  
Instructor

\_\_\_\_\_ located in the  
Facility

city of \_\_\_\_\_, 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 correctly, applying correct techniques, it is relatively safe. When

established safety procedures are not followed, however, there are increased risks.

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.

### Divers Medical Questionnaire

**To the Participant:**

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in recreational diver training. A positive response to a question does not necessarily disqualify you from diving. A positive response means that there is a preexisting condition that may affect your safety while diving and you must seek the advice of your physician prior to engaging in dive activities.

- \_\_\_\_\_ 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, cigars or cigarettes
  - have a high cholesterol level
  - have a family history of heart attack or stroke
  - are currently receiving medical care
  - high blood pressure
  - diabetes mellitus, even if controlled by diet alone

**Have you ever had or do you currently have...**

- \_\_\_\_\_ Asthma, or wheezing with breathing, or wheezing with exercise?
- \_\_\_\_\_ Frequent or severe attacks of hayfever 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?
- \_\_\_\_\_ Recurring complicated migraine headaches or take medications to prevent them?
- \_\_\_\_\_ Blackouts or fainting (full/partial loss of consciousness)?
- \_\_\_\_\_ Frequent or severe suffering from motion sickness (seasick, carsick, etc.)?

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 items apply to you, we must request that you consult with a physician prior to participating in scuba diving. Your instructor will supply you with an RSTC Medical Statement and Guidelines for Recreational Scuba Diver's Physical Examination to take to your physician.

- \_\_\_\_\_ Dysentery or dehydration requiring medical intervention?
- \_\_\_\_\_ Any dive accidents or decompression sickness?
- \_\_\_\_\_ Inability to perform moderate exercise (example: walk 1.6 km/one mile within 12 mins.)?
- \_\_\_\_\_ Head injury with loss of consciousness in the past five years?
- \_\_\_\_\_ Recurrent back problems?
- \_\_\_\_\_ Back or spinal surgery?
- \_\_\_\_\_ Diabetes?
- \_\_\_\_\_ Back, arm or leg problems following surgery, injury or fracture?
- \_\_\_\_\_ High blood pressure or take medicine to control blood pressure?
- \_\_\_\_\_ Heart disease?
- \_\_\_\_\_ Heart attack?
- \_\_\_\_\_ Angina, heart surgery or blood vessel surgery?
- \_\_\_\_\_ Sinus surgery?
- \_\_\_\_\_ Ear disease or surgery, hearing loss or problems with balance?
- \_\_\_\_\_ Recurrent ear problems?
- \_\_\_\_\_ Bleeding or other blood disorders?
- \_\_\_\_\_ Hernia?
- \_\_\_\_\_ Ulcers or ulcer surgery ?
- \_\_\_\_\_ A colostomy or ileostomy?
- \_\_\_\_\_ Recreational drug use or treatment for, or alcoholism in the past five years?

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

\_\_\_\_\_  
Signature Date Signature of Parent or Guardian Date

# STUDENT

---

**Please print legibly.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Initial Last Day/Month/Year

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province/Region \_\_\_\_\_

Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_ FAX \_\_\_\_\_

## **Name and address of your family physician**

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

Name of examiner \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Were you ever required to have a physical for diving?  Yes  No If so, when? \_\_\_\_\_

# PHYSICIAN

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This person applying for training or is presently certified to engage in scuba (self-contained underwater breathing apparatus) diving. Your opinion of the applicant's medical fitness for scuba diving is requested. There are guidelines attached for your information and reference.

## **Physician's Impression**

I find no medical conditions that I consider incompatible with diving.

I am unable to recommend this individual for diving.

**Remarks** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician's Signature or Legal Representative of Medical Practitioner Date \_\_\_\_\_  
Day/Month/Year

Physician \_\_\_\_\_ Clinic/Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

# Guidelines for Recreational Scuba Diver's Physical Examination

## Instructions to the Physician:

Recreational **SCUBA** (Self-Contained Underwater Breathing Apparatus) can provide recreational divers with an enjoyable sport safer than many other activities. The risk of diving is increased by certain physical conditions, which the relationship to diving may not be readily obvious. Thus, it is important to screen divers for such conditions.

The **RECREATIONAL SCUBA DIVER'S PHYSICAL EXAMINATION** focuses on conditions that may put a diver at increased risk for decompression sickness, pulmonary overinflation syndrome with subsequent arterial gas embolization and other conditions such as loss of consciousness, which could lead to drowning. Additionally, the diver must be able to withstand some degree of cold stress, the physiological effects of immersion and the optical effects of water and have sufficient physical and mental reserves to deal with possible emergencies.

The history, review of systems and physical examination should include as a minimum the points listed below. The list of conditions that might adversely affect the diver is not all-inclusive, but contains the most commonly encountered medical problems. The brief introductions should serve as an alert to the nature of the risk posed by each medical problem.

The potential diver and his or her physician must weigh the pleasures to be had by diving against an increased risk of death or injury due to the individual's medical condition. As with any recreational activity, there are no data for diving enabling the calculation of an accurate mathematical probability of injury. Experience and physiological principles only permit a qualitative assessment of relative risk.

For the purposes of this document, **Severe Risk** implies that an individual is believed to be at substantially elevated risk of decompression sickness, pulmonary or otic barotrauma or altered consciousness with subsequent drowning, compared with the general population. The consultants involved in drafting this document would generally discourage a student with such medical problems from diving. **Relative Risk** refers to a moderate increase in risk, which in some instances may be acceptable. To make a decision as to whether diving is contraindicated for this category of medical problems, physicians must base their judgement on an assessment of the individual patient. Some medical problems which may preclude diving are **temporary** in nature or responsive to treatment, allowing the student to dive safely after they have resolved.

Diagnostic studies and specialty consultations should be obtained as indicated to determine the diver's status. A list of references is included to aid in clarifying issues that arise. Physicians and other medical professionals of the Divers Alert Network (DAN) associated with Duke University Health System are available for consultation by phone +1 919 684 2948 during normal business hours. For emergency calls, 24 hours 7 days a week, call +1 919 684 8111 or +1 919 684 4DAN (collect). Related organizations exist in other parts of the world – DAN Europe in Italy +39 039 605 7858, DAN S.E.A.P. in Australia +61 3 9886 9166 and Divers Emergency Service (DES) in Australia +61 8 8212 9242, DAN Japan +81 33590 6501 and DAN Southern Africa +27 11 242 0380. There are also a number of informative websites offering similar advice.

## NEUROLOGICAL

Neurological abnormalities affecting a diver's ability to perform exercise should be assessed according to the degree of compromise. Some diving physicians feel that conditions in which there can be a waxing and waning of neurological symptoms and signs, such as migraine or demyelinating disease, contraindicate diving because an exacerbation or attack of the preexisting disease (e.g.: a migraine with aura) may be difficult to distinguish

from neurological decompression sickness. A history of head injury resulting in unconsciousness should be evaluated for risk of seizure.

## Relative Risk Conditions

- **Complicated Migraine Headaches whose symptoms or severity impair motor or cognitive function, neurologic manifestations**
- **History of Head Injury with sequelae other than seizure**
- **Herniated Nucleus Pulposus**
- **Intracranial Tumor or Aneurysm**
- **Peripheral Neuropathy**
- **Multiple Sclerosis**
- **Trigeminal Neuralgia**
- **History of spinal cord or brain injury**

## Temporary Risk Condition

**History of cerebral gas embolism without residual where pulmonary air trapping has been excluded and for which there is a satisfactory explanation and some reason to believe that the probability of recurrence is low.**

## Severe Risk Conditions

Any abnormalities where there is a significant probability of unconsciousness, hence putting the diver at increased risk of drowning. Divers with spinal cord or brain abnormalities where perfusion is impaired may be at increased risk of decompression sickness.

## Some conditions are as follows:

- **History of seizures other than childhood febrile seizures**
- **History of Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA)**
- **History of Serious (Central Nervous System, Cerebral or Inner Ear) Decompression Sickness with residual deficits**

## CARDIOVASCULAR SYSTEMS

### Relative Risk Conditions

The diagnoses listed below potentially render the diver unable to meet the exertional performance requirements likely to be encountered in recreational diving. These conditions may lead the diver to experience cardiac ischemia and its consequences. Formalized stress testing is encouraged if there is any doubt regarding physical performance capability. The suggested minimum criteria for stress testing in such cases is at least 13 METS.\* Failure to meet the exercise criteria would be of significant concern. Conditioning and retesting may make later qualification possible. Immersion in water causes a redistribution of blood from the periphery into the central compartment, an effect that is greatest in cold water. The marked increase in cardiac preload during immersion can precipitate pulmonary edema in patients with impaired left ventricular function or significant valvular disease. The effects of immersion can mostly be gauged by an assessment of the diver's performance while swimming on the surface. A large proportion of scuba diving deaths in North America are due to coronary artery disease. Before being approved to scuba dive, individuals older than 40 years are recommended to undergo risk assessment for coronary artery disease. Formal exercise testing may be needed to assess the risk.

\* METS is a term used to describe the metabolic cost. The MET at rest is one, two METS is two times the resting level, three METS is three times the resting level, and so on. The resting energy cost (net oxygen requirement) is thus standardized. (Exercise Physiology; Clark, Prentice Hall, 1975.)

## Relative Risk Conditions

- History of Coronary Artery Bypass Grafting (CABG)
- Percutaneous Balloon Angioplasty (PCTA) or Coronary Artery Disease (CAD)
- History of Myocardial Infarction
- Congestive Heart Failure
- Hypertension
- History of dysrhythmias requiring medication for suppression
- Valvular Regurgitation

## Pacemakers

The pathologic process that necessitated should be addressed regarding the diver's fitness to dive. In those instances where the problem necessitating pacing does not preclude diving, will the diver be able to meet the performance criteria?

\* NOTE: Pacemakers must be certified by the manufacturer as able to withstand the pressure changes involved in recreational diving.

## Severe Risks

Venous emboli, commonly produced during decompression, may cross major intracardiac right-to-left shunts and enter the cerebral or spinal cord circulations causing neurological decompression illness. Hypertrophic cardiomyopathy and valvular stenosis may lead to the sudden onset of unconsciousness during exercise.

## PULMONARY

Any process or lesion that impedes airflow from the lungs places the diver at risk for pulmonary overinflation with alveolar rupture and the possibility of cerebral air embolization. Many interstitial diseases predispose to spontaneous pneumothorax: Asthma (reactive airway disease), Chronic Obstructive Pulmonary Disease (COPD), cystic or cavitating lung diseases may all cause air trapping. The 1996 Undersea and Hyperbaric Medical Society (UHMS) consensus on diving and asthma indicates that for the risk of pulmonary barotrauma and decompression illness to be acceptably low, the asthmatic diver should be asymptomatic and have normal spirometry before and after an exercise test. Inhalation challenge tests (e.g.: using histamine, hypertonic saline or methacholine) are not sufficiently standardized to be interpreted in the context of scuba diving.

A pneumothorax that occurs or reoccurs while diving may be catastrophic. As the diver ascends, air trapped in the cavity expands and could produce a tension pneumothorax.

In addition to the risk of pulmonary barotrauma, respiratory disease due to either structural disorders of the lung or chest wall or neuromuscular disease may impair exercise performance. Structural disorders of the chest or abdominal wall (e.g.: prune belly), or neuromuscular disorders, may impair cough, which could be life threatening if water is aspirated. Respiratory limitation due to disease is compounded by the combined effects of immersion (causing a restrictive deficit) and the increase in gas density, which increases in proportion to the ambient pressure (causing increased airway resistance). Formal exercise testing may be helpful.

## Relative Risk Conditions

- History of Asthma or Reactive Airway Disease (RAD)\*
- History of Exercise Induced Bronchospasm (EIB)\*
- History of solid, cystic or cavitating lesion\*
- Pneumothorax secondary to:
  - Thoracic Surgery
  - Trauma or Pleural Penetration\*
  - Previous Overinflation Injury\*

- Obesity
- History of Immersion Pulmonary Edema Restrictive Disease\*
- Interstitial lung disease: May increase the risk of pneumothorax

\* Spirometry should be normal before and after exercise

Active Reactive Airway Disease, Active Asthma, Exercise Induced Bronchospasm, Chronic Obstructive Pulmonary Disease or history of same with abnormal PFTs or a positive exercise challenge are concerns for diving.

## Severe Risk Conditions

- History of spontaneous pneumothorax. Individuals who have experienced spontaneous pneumothorax should avoid diving, even after a surgical procedure designed to prevent recurrence (such as pleurodesis). Surgical procedures either do not correct the underlying lung abnormality (e.g.: pleurodesis, apical pleurectomy) or may not totally correct it (e.g.: resection of blebs or bullae).
- Impaired exercise performance due to respiratory disease.

## GASTROINTESTINAL

### Temporary Risks

As with other organ systems and disease states, a process which chronically debilitates the diver may impair exercise performance. Additionally, dive activities may take place in areas remote from medical care. The possibility of acute recurrences of disability or lethal symptoms must be considered.

### Temporary Risk Conditions

- Peptic Ulcer Disease associated with pyloric obstruction or severe reflux
- Unrepaired hernias of the abdominal wall large enough to contain bowel within the hernia sac could incarcerate.

### Relative Risk Conditions

- Inflammatory Bowel Disease
- Functional Bowel Disorders

### Severe Risks

Altered anatomical relationships secondary to surgery or malformations that lead to gas trapping may cause serious problems. Gas trapped in a hollow viscous expands as the divers surfaces and can lead to rupture or, in the case of the upper GI tract, emesis. Emesis underwater may lead to drowning.

### Severe Risk Conditions

- Gastric outlet obstruction of a degree sufficient to produce recurrent vomiting
- Chronic or recurrent small bowel obstruction
- Severe gastroesophageal reflux
- Achalasia
- Paraesophageal Hernia

## ORTHOPAEDIC

Relative impairment of mobility, particularly in a boat or ashore with equipment weighing up to 18 kgs/40 pounds must be assessed. Orthopaedic conditions of a degree sufficient to impair exercise performance may increase the risk.

### Relative Risk Conditions

- Amputation
- Scoliosis must also assess impact on respiratory function and exercise performance.
- Aseptic Necrosis possible risk of progression due to effects of decompression (evaluate the underlying medical

cause of decompression may accelerate/escalate the progression).

### **Temporary Risk Conditions**

- Back pain

## **HEMATOLOGICAL**

Abnormalities resulting in altered rheological properties may theoretically increase the risk of decompression sickness. Bleeding disorders could worsen the effects of otic or sinus barotrauma, and exacerbate the injury associated with inner ear or spinal cord decompression sickness. Spontaneous bleeding into the joints (e.g.: in hemophilia) may be difficult to distinguish from decompression illness.

### **Relative Risk Conditions**

- Sickle Cell Disease
- Polycythemia Vera
- Leukemia
- Hemophilia/Impaired Coagulation

## **METABOLIC AND ENDOCRINOLOGICAL**

With the exception of diabetes mellitus, states of altered hormonal or metabolic function should be assessed according to their impact on the individual's ability to tolerate the moderate exercise requirement and environmental stress of sport diving. Obesity may predispose the individual to decompression sickness, can impair exercise tolerance and is a risk factor for coronary artery disease.

### **Relative Risk Conditions**

- Hormonal Excess or Deficiency
- Obesity
- Renal Insufficiency

### **Severe Risk Conditions**

The potentially rapid change in level of consciousness associated with hypoglycemia in diabetics on insulin therapy or certain oral hypoglycemic medications can result in drowning. Diving is therefore generally contraindicated, unless associated with a specialized program that addresses these issues. [See "Guidelines for Recreational Diving with Diabetes" at [www.wrsc.com](http://www.wrsc.com) and [www.diversalertnetwork.org](http://www.diversalertnetwork.org).]

**Pregnancy:** The effect of venous emboli formed during decompression on the fetus has not been thoroughly investigated. Diving is therefore not recommended during any stage of pregnancy or for women actively seeking to become pregnant.

## **BEHAVIORAL HEALTH**

Behavioral: The diver's mental capacity and emotional make-up are important to safe diving. The student diver must have sufficient learning abilities to grasp information presented to him by his instructors, be able to safely plan and execute his own dives and react to changes around him in the underwater environment. The student's motivation to learn and his ability to deal with potentially dangerous situations are also crucial to safe scuba diving.

### **Relative Risk Conditions**

- Developmental delay
- History of drug or alcohol abuse
- History of previous psychotic episodes
- Use of psychotropic medications

### **Severe Risk Conditions**

- Inappropriate motivation to dive – solely to please spouse, partner or family member, to prove oneself in the face of

personal fears

- Claustrophobia and agoraphobia
- Active psychosis
- History of untreated panic disorder
- Drug or alcohol abuse

## **OTOLARYNGOLOGICAL**

Equalisation of pressure must take place during ascent and descent between ambient water pressure and the external auditory canal, middle ear and paranasal sinuses. Failure of this to occur results at least in pain and in the worst case rupture of the occluded space with disabling and possible lethal consequences.

The inner ear is fluid filled and therefore noncompressible. The flexible interfaces between the middle and inner ear, the round and oval windows are, however, subject to pressure changes. Previously ruptured but healed round or oval window membranes are at increased risk of rupture due to failure to equalise pressure or due to marked overpressurisation during vigorous or explosive Valsalva manoeuvres.

The larynx and pharynx must be free of an obstruction to airflow. The laryngeal and epiglottic structure must function normally to prevent aspiration.

Mandibular and maxillary function must be capable of allowing the patient to hold a scuba mouthpiece. Individuals who have had mid-face fractures may be prone to barotrauma and rupture of the air filled cavities involved.

### **Relative Risk Conditions**

- Recurrent otitis externa
- Significant obstruction of external auditory canal
- History of significant cold injury to pinna
- Eustachian tube dysfunction
- Recurrent otitis media or sinusitis
- History of TM perforation
- History of tympanoplasty
- History of mastoidectomy
- Significant conductive or sensorineural hearing impairment
- Facial nerve paralysis not associated with barotrauma
- Full prosthodontic devices
- History of mid-face fracture
- Unhealed oral surgery sites
- History of head and/or neck therapeutic radiation
- History of temporomandibular joint dysfunction
- History of round window rupture

### **Severe Risk Conditions**

- Monomeric TM
- Open TM perforation
- Tube myringotomy
- History of stapedectomy
- History of ossicular chain surgery
- History of inner ear surgery
- Facial nerve paralysis secondary to barotrauma
- Inner ear disease other than presbycusis
- Uncorrected upper airway obstruction
- Laryngectomy or status post partial laryngectomy
- Tracheostomy
- Uncorrected laryngocele
- History of vestibular decompression sickness

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12. Divers Alert Network Europe, P.O. Box 64026 Roseto, Italy, telephone non-emergency line: weekdays office hours +39-085-893-0333, emergency line 24 hours: +39-039-605-7858
13. Divers Alert Network S.E.A.P., P. O. Box 384, Ashburton, Australia, telephone 61-3-9886-9166
14. Divers Emergency Service, Australia, [www.rah.sa.gov.au/hyperbaric](http://www.rah.sa.gov.au/hyperbaric), telephone 61-8-8212-9242
15. South Pacific Underwater Medicine Society (SPUMS), P.O. Box 190, Red Hill South, Victoria, Australia, [www.spums.org.au](http://www.spums.org.au)
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