

## MEDICAL STATEMENT

(Confidential Information)

**Please read carefully before signing.**

This is a statement in which you are informed of some potential risks involved in swimming with dolphins and of the conduct required of you during the program. Your signature on this statement is required for you to participate in the swimming with dolphins program offered by **Espaço Talassa Lda, Lajes do Pico, Azores, Portugal.**

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

Swimming with dolphins 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 swim with dolphins safely, you should not be extremely overweight or out of condition. Swimming with dolphins 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 swim with dolphins. 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 learn from the instructor the important safety rules.

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

**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 swimming with dolphins.

A positive response to a question does not necessarily disqualify you, it just means that there is a preexisting condition that may affect your safety while swimming with dolphins and you must seek the advice of your physician.

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 swimming with dolphins.**

yes no

- Could you be pregnant?
- Are you presently taking prescription medications? (with the exception of birth control or anti-malarial)
- Are you over 45 years 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 strong 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.)?

yes no

- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- Inability to perform moderate exercise (example: 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 ?
- Acolostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?

Name Age

Mailing Address City Postal Code Country

Email Phone

**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.**

Date Signature of Parent or Guardian (under 18 years) Date Signature