



# Medical Statement

## Surface Rescue Program

Confidential Participant Record

Surface rescue training may require extended periods of intense physical effort. In order to safely participate students should be in good health. A student should not be extremely overweight, deconditioned, or under the influence of alcohol or of drugs that could impair their mental alertness or physical response. Individuals with severe or chronic medical conditions such as respiratory or heart disease, or who regularly take medications, should consult both a physician and the instructor before participating in this program.

Please list:

Allergies: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

The information I have provided about my medical history is accurate to the best of my knowledge and I attest and affirm that I am in adequate mental and physical condition to safely participate in this training.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Physician Name: \_\_\_\_\_ \*Physician Phone: \_\_\_\_\_

\*If available

If you have any questions regarding this statement call Dive Rescue International  
800-248-3483