

Medical History Questionnaire/Declaration

The purpose of this *Medical History Questionnaire* is to find out if your doctor should examine you before participating in Breath Enhancement Training. Your signature on this statement is required for you to participate in the Breath Enhancement Training programs we offer. A positive response to a question does not necessarily disqualify you from participating since some conditions are only relative contraindications. A positive response means that there is a pre-existing condition that may affect your safety while breath training and you must seek the advice of your physician prior to engaging in breathing activities and subsequently, supply us with a medical certificate from your doctor for us to allow you to participate. Nevertheless, some medical conditions are absolute contraindications and will, consequently, preclude you from participation. For example, your respiratory and circulatory systems must be in good health and all body air spaces must be normal and healthy. Please carefully read and respond, in the affirmative, with a tick (✓), or in the negative, with a cross (x), to each of the following medical conditions. Please explain affirmative responses in the space provided at the bottom of this questionnaire.

Warning: Breath-Hold training in an aquatic environment can be hazardous – Please Read This First

The aquatic environment i.e. swimming pool, beach pool or ocean, is a dynamic medium that can be physically demanding and mentally challenging. The aquatic environment may expose you to unusual mental and physical stressors that can act in complex combinations and over short time periods, and if left unchecked or taken to extremes, result in injury or death unknowingly; and, there is also considerable sensory deprivation: vision; hearing; touch; and, balance are severely disturbed and restricted. These effects are exacerbated by certain medical conditions. Failure to account for these conditions prior to engaging in Breath Enhancement Training activities may endanger your health, your life, and the safety of any person you may train with.

Medical Questionnaire

Pregnancy _____
Pregnant or planning to be pregnant? _____

Allergies _____

Prescription Medications (with the exception of birth control or anti-malarial) _____

Age _____
Over or 45 years of age

Drug Taking _____
Smoke a pipe, cigars or cigarettes; alcoholic

Neurological (including family history):

Panic attacks; seizures; convulsions; fainting; hallucinations; schizophrenia; epilepsy; brain surgery; black-outs; migraine; headaches; aneurysms; other: _____

Balance:
Sea-sickness; car-sickness; nausea; vertigo; other _____

Haematological _____
Uncontrolled bleeding or blood disorders

Immunity:
Contagious diseases _____
other _____

Sinuses:
Frequent head colds; sinusitis; sinus surgery;

Cardiovascular (including family history): Heart attack; stroke; fainting; chest pain whilst doing physical activity; heart or chest surgery; irregular heart-beats; blood disorders; high cholesterol; hypotension; hypertension; diabetes; other _____

Pulmonary: Easily get out of breath when exercising lightly; pneumothorax; exercise/pressure/cold-induced pulmonary oedema; cysts; emphysema; tuberculosis; bronchitis; lung surgery; exercise or cold induced asthma; other _____

Ears:
Eardrum rupture; difficulty 'clearing' the ears when flying
Or diving over mountains; tinnitus; ear surgery; other _____

Obesity:
Overweight; over-fat; obese _____

Prescribed & Non-Prescribed Medications (include doses and frequency/duration). Please list below:

Diving Accidents:

Decompression illness (decompression sickness and CAGE);lung-squeeze; lung over expansion injury; black-outs, aural barotraumas; hyperbaric recompression.

Description of Medical Conditions and Medication:

Medical Declaration

This declaration and your responses to the medical questionnaire are a confidential document between yourself and the Breath Enhancement instructor/supervisor. If you have any questions regarding this *Medical Declaration* or the *Medical Questionnaire*, review them with your instructor before signing. Please note that purposeful misrepresentation or failure to fully disclose one's medical history status will permanently preclude a participant from future participation in Breath Enhancement Training programs.

I, the undersigned _____ (print full name), hereby affirm that I have read the above WARNING and do not suffer from any of the above conditions. 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. If I suffer from any such condition I have or will seek professionally informed opinion, on these medical conditions, which may predispose me to a greater deleterious risk than normal whilst involved in *Breath Enhancement Training*.

Signature of Participant _____

Dated _____

*Signature of Parent(s)/Guardian(s) if < 18 years of age _____

Dated _____

Breath Enhancement Supervisor/Instructor Only – Application Approved/Not Approved/Pending

Signature:

Dated: