

Pre-Dive Health and Confirmation Form / 1-3 Day Ver.

This form must be completed by the diver themselves once per day before their first dive.

Additionally, if you are diving multiple times on the same day, please undergo a verbal health check with the instructor leading the dive before each dive, together with all members of your diving team.

If you have any concerns or notice any physical or mental changes, please do not hesitate to report them.

Prioritize safety above all else and refrain from diving if you feel uneasy.

Participant Name		Date	YES	NO
1. I do not have fatigue or tiredness remaining from the previous dive.			<input type="checkbox"/>	<input type="checkbox"/>
2. If I consumed alcohol within the past 12 hours, I am not experiencing any hangover or health issues.			<input type="checkbox"/>	<input type="checkbox"/>
3. I had sufficient sleep last night.			<input type="checkbox"/>	<input type="checkbox"/>
4. I have a normal appetite.			<input type="checkbox"/>	<input type="checkbox"/>
5. I do not have diarrhea or dehydration symptoms.			<input type="checkbox"/>	<input type="checkbox"/>
6. I do not have numbness in my hands/feet or pain in my body.			<input type="checkbox"/>	<input type="checkbox"/>
7. I am not experiencing dizziness.			<input type="checkbox"/>	<input type="checkbox"/>
8. I do not have fever symptoms.			<input type="checkbox"/>	<input type="checkbox"/>
9. I do not feel any blockage in my ears or sinuses, and I can equalize.			<input type="checkbox"/>	<input type="checkbox"/>
10. I am motivated and willing to dive.			<input type="checkbox"/>	<input type="checkbox"/>
I hereby confirm that I have reviewed all of the above items. I declare that I am in good condition and able to dive on my own will.				
			Staff Confirmation	
DAY 2	Participant Name		<input type="checkbox"/>	
DAY 3	Participant Name		<input type="checkbox"/>	