

Scuba World International – Course enrolment application form:
(CONFIDENTIAL INFORMATION)

Surname: _____ Full Names: _____ Initials: _____

Postal Address: _____ Code: _____

Permanent Address: _____ Code: _____

E-mail: _____

Home Phone: () _____ Cell: _____ Sex M / F Age: _____ ID: _____

Occupation: _____ Employer: _____ Work Phone: () _____

In case of emergency notify: _____ Phone: () _____

Address: _____

Your Doctor: _____ Phone: () _____

Address: _____

Previous diving instruction or experience? If Yes, When _____ Where? _____

Course enrolled for: Scuba Advance Master DM Instructor Nitrox Specialty

How did you hear about this course?

Friend Yellow Pages Club Technikon Newspaper Internet Other

Why do you want to take diving instruction?

Please mark the appropriate block if you have ever had any of the following apply to you, and explain under remarks indicating the number. Use separate sheet if necessary.

1	Previous diving experience	15	Sinus trouble	29	Tuberculoses
2	Participate in active sports	16	Motion sickness	30	Respiration problems
3	Electrocardiogram	17	Claustrophobia	31	Persistent cough
4	Mental or emotional problems	18	Nervous breakdown	32	Breathing difficulty
5	Operation or illness	19	Glasses or contacts	33	Smoke
6	Hospitalized	20	Hearing difficulty	34	Diabetes
7	Serious injury	21	Alcoholic beverages	35	Chest pain
8	Physical handicap	22	Dental plates	36	Use of street drugs
9	Regular medication	23	Trouble equalizing pressure	37	Over 40 years old
10	Allergies, including drugs	24	Dizziness or fainting	38	Pregnant
11	Frequent colds or sore throats	25	Epilepsy	39	Using tranquilizers
12	Severe or frequent headaches	26	Heart trouble	40	Bronchitis
13	Rejected from any activity – medical reasons	27	Ear trouble	41	High blood pressure
14	Hay fever	28	Asthma	42	Any medical problem not listed

Remarks: _____

List all medications you are currently taking: _____

Date of last medical exam: ____/____/____ Date of last chest X-Ray: ____/____/____

Medical Insurance Co: _____ Your Member No.: _____

I certify that the above information is correct to the best of my knowledge.

I am a minor and both my parents or guardians have signed below.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____