

## **HEALTH CHECK LIST**

Please check the following questions on your past or present medical history with a **YES** or **NO** answer. If you are not sure, answer **YES**. If any of these questions apply to you, we must request that you consult with a physician prior to participating in scuba diving program or any marine sports program that we offer.

- Could you be pregnant, or are you attempting to become pregnant?  
(Any guest that are currently pregnant will not allow to join any activity and not allow to be in the boat)
- Are you presently taking any medications? (With the exception of Birth control or anti-malarial)
- Asthma, infantile asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hay fever 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 complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?
- Frequent or severe suffering from motion sickness?
- Dysentery or dehydration requiring medical intervention?
- Any dive accidents or decompression sickness?
- 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 or Heart attack?
- Angina, heart surgery or blood vessel surgery?
- Sinus or any Body air space surgery?
- Bleeding or other blood disorders?
- Recreational drug use or treatment for, or alcoholism in the past five years?
- Hyperventilation syndrome?
- Do you use full dentures?

***Please do inform us if there is any question above answers apply YES to you.***

### **Contact:**

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