Sworn statement

delivered to the LAGOON SAFARIS Dive Center

Last name, First name: Date and place of birth:
Address: Phone Number:
E-mail:

I undersigned, certify on my honor to hold the following diving certificate:
Level: Certification body:
Date of obtaining: Date of the last dive:
Number of dives:

I am informed that my civil liability is insured by the diving center.
I am informed of the possibility of taking out individual accident insurance.

I am aware that this certificate incurs my responsibility in case of misrepresentation on my share.

Lifou, date:
Signature:

QUESTIONNAIRE MEDICAL

I am currently suffering or have suffered from the following conditions (tick the boxes that require an affirmative answer): Only one box checked imposes the compulsory obtaining of a certificate to practice scuba diving in the air in our center.

- ☐ character or neurotic disorders
- ☐ epileptic seizures
- ☐ cerebrovascular accident
- ☐ chronic asthma
- ☐ pneumothorax
- ☐ hypertension
- ☐ heart rhythm disorder
- ☐ recent surgery
- ☐ hernia
- ☐ retinal detachment
- ☐ strong myopia
- ☐ tympanic perforation
- ☐ sciatic lumbar
- ☐ head trauma with loss of consciousness
- ☐ dizzy spell
- ☐ vascular malformations
- ☐ chronic obstructive pulmonary disease
- ☐ emphysema sclerosis
- ☐ permanent tachycardia> to 100
- ☐ angina pectoris or infarction
- ☐ wearing a pace maker
- ☐ diving accident
- ☐ colopathy
- ☐ glaucoma
- ☐ dry or suppurative chronic otitis
- ☐ Infectious state of the sinus rhino
- ☐ diabetes
- ☐ are you currently pregnant

If no box is checked:
I declare that the above indications are accurate and that I am not reached to my knowledge of any of the conditions listed on this medical questionnaire. This list is indicative and not exhaustive.

- ☐ If you have another condition please indicate :
- ☐ Are you allergic to aspirin or other (specify) :

In the event of a dispute over this condition, the diving permit is subject to the agreement of the diving director.

Consequently, I recognize that the diving center LAGOON SAFARIS has fulfilled its obligations in terms of medical questioning and research of formal counter-indication to the practice of underwater diving in the air.

Lifou, date:
Signature

To be completed by the diving center
Seen originals ID N°: