

Sea Explorers Guest Record



First Name: _____ Last Name: _____

Birthdate: ____ / ____ / ____ Email: _____
month day year

Mailing address: _____

City: _____ Zip code: _____ Country: _____

Phone No.: _____ Nationality: _____

Profession: _____ Departure date: ____ / ____
month day

In case of emergency please contact: _____

Resort Name: _____ Room #: _____

Anything we need to be aware of / special requests etc: _____

Divers Profile

Certification level: _____

Number of dives: _____

Date of last dive: _____

Nitrox certified: Yes No

Medical Certificate: Yes No

(if NO Medical Certificate, please sign the medical statement)

VERIFIED BY: _____

Weights: ____ kg/lbs Belt Integrated

Regulator type: DIN INT

Diving with camera: Yes No

Optional dive insurance:

Would you like to purchase a Gold Term dive insurance from **DIVE ASSURE** to be covered from diving accidents?

YES **NO** 1 day 2 weeks
 1 week 1 month

Please provide your credit card details directly to the manager.
 Insurance policies are valid AFTER successful payment.

Actual Insurance

Company: _____

Ref No: _____

Contact No: _____

To be filled up by the dive center only

Pre booked guest Walk in FOC by _____ Sanct. fees inclusive: Yes No

Dive Package: _____ Dives/NLD Course: _____ Others: _____ Prepaid (Equipment/NTX)

Start here:

Date	Branch	No. of dives	Remaining	Remarks
		AIR NTX		
		AIR NTX		
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Date	Branch	No. of dives	Remaining	Remarks
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Invoice no: AL - _____ by _____ CA - _____ by _____
 AM - _____ by _____ MA - _____ by _____
 DA - _____ by _____ CE - _____ by _____

Participant's Undertakings, Warranties and Compliance with Safety Requirements for Scuba Diving

I am fully aware of the inherent hazards as well as the physical and safety requirements for scuba diving, and I hereby voluntarily, knowingly and freely undertake and warrant the following:

1. I have been properly advised and thoroughly informed by **Cebu Sea Explorer Water Sports Inc.** (the "company") of the inherent hazards of skin diving, freediving and scuba diving. (Diving is an exciting yet demanding activity).
2. It is my own and sole decision to participate in all water sport events of the dive center well as all other events (the "events") on my own risk, responsibility and accountability. Accordingly, I hold the company, its principals, owners, directors, officers, employees and agents free and harmless from any and all liabilities, obligations and claims arising from my participation in the events. I shall not set up any liability (civil, criminal or otherwise, whether or not involving a sum or sums of money or damages), claim or obligation arising there from against the company, its principals, owners, directors, officers, employees and agents, and hereby release, remise and forever discharge them from whatever claims, in connection with my participation in any of the events.
3. I shall take good and reasonable care of the equipment entrusted to me and that in case of damage or loss, I will pay therefore including but not limited to the restitution of the equipment's full acquisition value as determined solely by the Company.
4. I shall not dive in any of the following instances: After consuming alcoholic beverages or drugs, after taking strong medication or if I am not feeling well. I will solely pay for any and all expenses that may be incurred by me for participating in the events, including but not limited to the costs of transfer to and from the resort, sailing to and from the dive spots, boat transfers, boat accidents, especially treatment, rescue and transport costs.
5. If I should suffer from any inability to make my own decisions, I hereby authorize the organizer to make such decisions for my health, safety, welfare and well being as he solely sees fit and necessary. The expenses that may be incurred in such instances will be exclusively borne by my self or my legal representatives.
6. I hereby affirm that I have been thoroughly informed and properly advised by the company's staff on the safety rules and regulations. I have accepted these rules regulations and will follow strictly the instructions of the dive center staff.
7. All the information and data given by me herein are true and correct. Any and all losses or damages that may be caused on account of or arising from my misrepresentation shall be for my exclusive account and responsibility.
8. Venue of all actions arising from or pertinent to this contract shall be filed in the competent courts of Cebu City Philippines to the exclusion of all other courts.

Sea Explorers safety rules and regulations

Before Diving:

- Every diver signs the guest record data & waiver in his own language when available
- Must present his/her certification cards from a recognized diving association (including Nitrox cards for those diving with Nitrox)
- Must present his/her medical certificate valid for one year. If there is no medical certificate, a PADI standard medical statement has to be signed.
- A second air source on the regulator is compulsory.
- Buddy check before diving.
- The local dive guide is the leader of the diving group. His decision has to be respected and followed for everyone's safety
- A diver suspected to be under alcoholic influence or strong medication/drugs is not allowed to dive.

During diving

- Every diver has to show to the dive guide when he/she reaches 100 bars/1500psi and 50bars/750psi of air pressure in the tank.
- The dive is stopped when a diver in a group reaches the minimum of 25bars/375psi in the tank.
- Max depth of 20m/60ft for open water diver or equivalent certification.
- Max depth of 40m/120ft for advanced open water diver, deep diver specialists or equivalent certification.
- Decompression dives are not allowed, dive only within the limits of the RDP or dive computer.
- No gloves, if gloves are absolutely necessary, the dive center must be informed and a medical certificate must be presented if available.
- No collecting or touching of any shells, corals or any other underwater creatures either dead or alive.
- Respect fisherman's properties such as active fishnets, fish cages etc. Don't go near or touch it.
- The branch manager or the local dive guide may stop a diver from diving if his/her behavior underwater is destructive for the environment or dangerous for the diver him-/herself or the other divers.

I have read and understood the waiver and do hereby agree to the rules and regulations listed above

Signature over printed name

Date

Checked and received by

____/____/____
month day year



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego