

**CFT Operating
Procedures Manual**



Page: 1 of 1

Revision No: 1

Date Reviewed: 24/02/2008

Issued By: Medical Commission

Approved by: Executive

Document Reference: 409A

ANNUAL SELF-DECLARATION / FITNESS FORM 2008

PART ONE: TO BE COMPLETED BY CLUB DIVING OFFICER OR HIS/HER NOMINEE

I confirm that the diver named below has completed the CFT Water Fitness Test on _____ (date)

Signed _____ Print Name _____ CFT No _____ Date _____

PART TWO: TO BE COMPLETED BY CANDIDATE

LAST NAME:	FIRST NAME:	MALE __ FEMALE __	D.O.B:
CLUB:	CFT No:	DATE OF LAST DIVING MEDICAL:	
HOME ADDRESS:			CONTACT NUMBER:
NAME / ADDRESS / TEL OF YOUR USUAL GP:			
Do you smoke? Yes __ No __ If Yes, how many cigarettes per day? ____			

Do you have or have you ever had any of the following:

	YES	NO		YES	NO
Asthma?			Any form of heart disease?		
Diabetes?			A pacemaker, implantable defibrillator, heart valve prosthesis or heart surgery?		
Epilepsy?			Chronic bronchitis, emphysema or pneumothorax?		
High blood pressure?			Stroke, transient ischaemic attack or any other neurological illness?		
A colostomy, ileostomy, PEG tube or tracheostomy?			Any form of kidney or liver disease?		
Any form of cancer?			Persistent joint or bone problems?		
Depression, anxiety or other psychiatric illness requiring treatment with medicines?			Are you / have you ever been dependent on alcohol or drugs?		
Have you ever failed a diving medical assessment?			Do you take any regular medicines (other than contraceptive medicines)?		
Have you had decompression sickness since your last medical?			Has your health status changed since your last medical assessment?		

If 'Yes' to any question(s) above, give details.

Answering 'Yes' will not necessarily prevent you from diving but must be appropriately explored with you and your doctor

I confirm that at my last diving medical assessment*, my GP certified that I am fit to dive without restrictions. There has been no change in my health status since my last medical assessment. I give permission for the Chairman of the CFT Medical Commission to contact my GP in relation to health issues identified by me in the table above

SIGNATURE OF APPLICANT:

DATE:

HOW TO RETURN THIS FORM

- Candidates** should **post** completed form to: Chairman, CFT Medical Commission, 78A Patrick Street, Dun Laoghaire, Co Dublin. Please mark: Private & Confidential
- Faxed / scanned copies unacceptable as original signatures required
- Incomplete forms will be discarded / returned
- PLEASE ALSO SIGN ANNUAL DISCLAIMER IN LOGBOOK**

*** WHEN IS A DIVING MEDICAL ASSESSMENT REQUIRED?**

- On joining CFT as a diving member
- On reaching the age of 35
- Three yearly from the age of 35
- Annually from the age of 55
- If a diver's health status has changed since the last medical