THE BRITISH SUB AQUA CLUB

Snorkel Training Scheme



Declaration of Medical Fitness for Snorkelling

Snorkel diving, whether in a swimming pool or in open water, is an activity which requires general physical fitness and good health. It can also do much to generate these conditions, and improve swimming ability and watermanship.

However, anyone with a history of diabetes, black-outs (epilepsy, etc.) perforated eardrums, grommets, high blood pressure or heart disease, any lung or respiratory disorder, dependence on drugs or had COVID-19 requiring hospital admission should not contemplate taking up this sport without first discussing their suitability to do so with their local doctor (GP).

Persons wishing to take up snorkelling, with a BSAC Branch or with a Corporate Member of the BSAC Snorkel Training Scheme, must complete the following medical declaration. Those with learning difficulties sufficient to produce problems in understanding and remembering the theory and techniques of snorkelling may be disqualified. If the applicant is under 18 years of age, the declaration must be completed and signed by a parent/guardian, who is aware of the person's health history. Remember: the applicant is the one at risk if a false declaration is made.

The BSAC Branch or Corporate Member reserves the right to insist that the applicant undertakes a full medical examination by a medical practitioner. If anything about the applicant's medical history declared on this form gives them cause for concern. They do this with your safety in mind.

Declaration

To the best of my knowledge, I certify that I/the applicant (if under 18 years of age) has not in the past suffered from any of the conditions mentioned in the indented paragraph above. (In the event that you/the applicant has one of these or any other medical problems, they should be declared here and the opinion of a Medical Referee will be required before training begins. Should there be any change in the applicant's health, he/she is advised to seek an informed medical opinion concerning current fitness for snorkelling).	
Name of applicant	
Address	
	Postcode
Signature of applicant	Date
Signature of Parent / Guardian	if applicant is under 18 years.
This completed declaration should Corporate Member before training	_
Seen by Branch / Corporate Member	
Result: FIT (Sign up 'Satisfactory Medical Declaration' Qualification Record Book). Refer to General Practioner	on appropriate pages of members' Snorkelling