

elling Standard)

& SWIMMING HEALTH DECLARATION

	Preferred Title (Mr. Ms. Dr. etc)	
	Date of Birth	
	Staff/Student ID	
	Phone	

Snorkelling experience in open waters:

Less than 10 hours 10-50 hours More than 50 hours

SWIMMING PROFICIENCY AND FITNESS

Are you able to swim 200m in less than 5 minutes?

YES

NO

Do you have more than 15 hours experience in breath-hold diving?

YES

NO

Low	Average	Good
0 – 30min total	30 – 180min total	More than 180min

ANY OF THE FOLLOWING CONDITIONS? (circle)

	YES	NO
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Are you taking prescribed medication?

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(Print)