



Medical Statement

Volunteer Record (Confidential Information)

The purpose of this medical questionnaire is to find out if you are physically fit to participate in archaeology projects under the auspices of the Maritime Research Division at the South Carolina Institute of Archaeology and Anthropology.

Please check all that apply. A positive response to a question does not necessarily disqualify you from diving on an archaeology project. Those conditions marked with an asterisk are disqualifying. You may be required to provide a record of a current physical exam.

- Could you be pregnant, or are you attempting to become pregnant?*
- Are you presently taking prescription medications? (exceptions: birth control or anti-malarial) List _____
- Are you over 45 years of age and can answer YES to one or more of the following?
 - currently smoke a pipe, cigar, or cigarettes
 - have a high cholesterol level
 - have a family history of heart attack or stroke
 - high blood pressure
 - diabetes mellitus, even if controlled by diet alone

Have you ever had or do you currently have:

- Asthma, or wheezing with breathing, or wheezing with exercise?
- Frequent or severe attacks of hay fever or allergy?
- A stroke?*
- Any form of lung disease?
- Pneumothorax (collapsed lung)?*
- Other chest disease or chest surgery?
- Behavioral health, mental or psychological problems (panic attack, fear of closed or open spaces)?
- Epilepsy, seizures, convulsions or take medications to prevent them?*
- Recurring complicated migraine headaches or take medications to prevent them?
- Blackouts or fainting (full/partial loss of consciousness)?*
- Frequent or severe suffering from motion sickness?
- Dysentery or dehydration requiring medical intervention?
- Any dive accidents of decompression sickness in the past three years?
- Inability to perform moderate exercise (example: walk one mile in twelve minutes)?
- Head injury with loss of consciousness in the past three years?
- Recurrent back problems?
- Back or spinal injury?
- Diabetes?
- Back, arm or leg problems following surgery, injury or fracture?
- High blood pressure or take medicine to control blood pressure?
- Heart disease?
- Heart attack?*
- Angina, heart surgery, or blood vessel surgery?
- Sinus surgery?
- Ear disease or surgery, hearing loss or problems with balance?
- Recurrent ear problems?
- Bleeding or other blood disorders?
- Hernia?
- Ulcers or ulcer surgery?
- A colostomy or ileostomy?
- Recreational drug use or treatment for, or alcoholism in the past five years?
- Sexually transmitted infection?
- Other medical conditions? List _____

Date of last physical _____ (mm/yy)

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health condition.

Signature _____

Date _____