



## AIDA MEDICAL STATEMENT(医疗声明)

### IMPORTANT-PLEASE READ (重要内容 - 请仔细阅读)

Freediving is a strenuous activity carried out in the underwater environment, which may, under certain conditions, increase your risk of injury. This risk may be significantly increased if you have certain physical conditions. These same physical conditions would not necessarily be a safety factor in other strenuous activities or sports. AIDA therefore uses the following questionnaire to make you aware of these conditions. Failure to address these conditions prior to engaging in breath-hold diving activity may endanger your health, your safety and the safety of any person you may dive with in the future. 自由潜水及相关活动是一项在水下环境中进行的存在危险性的运动, 在某些情况下, 具有较大导致伤害的风险。特别是当您具有某些疾病或特定的身体状况时候, 在参加自由潜水或相关活动时收到伤害的风险更大, 而这些疾病或身体状况并不一定在其它运动或行为中成为安全隐患或导致危险的因素。因此, 我们在以下的问卷中列出这些可能导致危险的情况, 请在从事自由潜水及相关屏息活动前确认自己是否具有以下任一情况, 对以下问题的忽视可能危及您本人和与您共同潜水人员的生命安全。

The purpose of this Medical Questionnaire is to find out if you should be examined by your doctor before participating in freedive training. A positive response to a question does not necessarily disqualify you from freediving. A positive response means that there is a pre-existing condition that may affect your safety while freediving and you **MUST** seek the advice of a physician prior to engaging in freedive activities. The physician needs to sign at the bottom of the form to say that he/she finds no medical conditions incompatible with freediving if any "YES" box is ticked. 本医疗问卷调查的目的是确认你在参加自由潜水及相关活动之前, 是否应该获得医生的检查和建议。以下某一个问题的回答“是”, 不是代表你不能够参加自由潜水, 而是这意味着有一个潜在的隐患, 可能会影响你在自由潜水及相关活动中的安全, 因此你必须在从事自由潜水活动之前寻求医生的建议。如有任一栏目勾选了“是”, 医生需要在表格下方签字许可。

Please answer the following questions on your past or present medical history by ticking the box marked **YES** or **NO**. If you are not sure, answer **YES**. 请根据您过往医疗史勾选“是”或“否”, 如果不确认, 请勾选“是。”

NAME OF FREEDIVER 声明人姓名 \_\_\_\_\_

		YES	NO
1	<b>Neurological Conditions:</b> Especially any history of seizure disorder, stroke, brain surgery, repeated blackouts or fainting fits, severe migraine headaches, or aneurysm of the brain's blood vessels. 神经系统疾病: 癫痫、中风、脑部外壳手术、重复性晕厥、严重偏头痛、脑动脉瘤。	<input type="checkbox"/>	<input type="checkbox"/>
2	<b>Cardiovascular Conditions:</b> Especially heart attack, heart surgery, irregular heartbeat, and/or uncontrolled elevated blood pressure. 心血管疾病: 心脏病、心脏手术、心律不齐、血压升高。	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>Pulmonary Conditions:</b> History of spontaneous collapsed lung, collapsed lung due to injury, cysts or air pockets of the lungs, severe damage to lung tissue, emphysema, significant lung squeeze, any lung squeeze producing pink foam or blood or any lung problem which interferes with your ability to breathe. 肺部疾病: 天生肺塌陷、因受伤导致的肺塌陷、肺囊肿、肺组织严重受损、肺气肿、以及其他影响呼吸的肺部疾病。	<input type="checkbox"/>	<input type="checkbox"/>
4	<b>Ear Conditions:</b> Permanent holes of the eardrums, history of ruptured eardrum, permanent tubes in eardrums, severely impaired hearing or hearing loss in one or both ears, or major ear surgery. 耳部疾病: 耳膜永久性穿孔、耳膜撕裂、严重的左右听力不均、或听力丧失、大型耳部外科手术	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>Sinus Conditions:</b> Tumor, polyps, or cyst of the sinus cavities or nasal passages, major sinus surgery, or Persistent sinus infection. 鼻窦疾病: 鼻窦内息肉、肿瘤、囊肿, 重大鼻窦外科手术、持续性鼻窦感染。	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>Asthma:</b> History of asthma or asthma attacks. Any history of wheezing caused by exercise, anxiety, cold, fatigue, etc. Any condition requiring medication and/or use of an inhaler for control of wheezing. 哮喘: 哮喘病史, 因运动、紧张、寒冷、劳累等引发的哮喘, 或需要服药、或使用呼吸助力器	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>Diabetes Mellitus:</b> Especially Type I Diabetes (Insulin dependent) or Type II Diabetes, which requires Insulin or oral medication for control. Any form of Diabetes that is unstable, "brittle" or produces episodes of hypoglycemia (low blood sugar reactions), hyperglycemia (extremely high blood sugar with ketosis) or if there is related kidney disease, eye disease, heart disease or blood vessel disease. 糖尿病: 一型、或二型糖尿病, 需要口服药或胰岛素。低血糖症、高血糖症、或因此引发的肾脏问题、眼睛问题、心脏问题或血管问题。	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Pregnancy:</b> If you are presently pregnant or planning to become pregnant. 怀孕: 正在备孕或已经怀孕。	<input type="checkbox"/>	<input type="checkbox"/>
9	<b>Freediving/Scuba Diving Conditions:</b> Previous history of a diving accident, decompression sickness, and/or decompression of the inner ear of air. 自由潜水/水肺潜水问题: 之前遭遇过潜水意外, 减压病、中耳挤压伤	<input type="checkbox"/>	<input type="checkbox"/>
10	<b>Medication:</b> Any medication taken on a regular basis either over-the-counter or prescribed by a physician. 服药情况: 长期口服药。	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>General Medical Problems:</b> Any physical and/or emotional condition not mentioned that might affect your safety in an underwater environment or affect your judgment under times of physical or emotional stress. 通用医疗状况说明: 任何可能影响你在水下安全、判断的情绪或生理情况。	<input type="checkbox"/>	<input type="checkbox"/>



I certify that I have answered the above questions accurately and honestly本人保证我如实准确的回答了以上问卷的问题。

Name of Freediver (潜水员姓名) : \_\_\_\_\_ Date of Birth (出生日期) : \_\_\_\_\_

Signed (签名) : \_\_\_\_\_ Date (签名日期) : \_\_\_\_\_

\*If the Freediver is aged less than 18 years, this must also be signed by a parent/guardian如果声明人不满 18 周岁, 还需父母/监护人签署

Signature of participant's parent or guardian声明人父母/监护人签名: \_\_\_\_\_

**Physician to complete (If any "YES" box from page 1 was ticked) 本内容由医生填写(如果第一页有任何勾选“是”则必须填写)**

- I find no medical conditions that I consider incompatible with freediving 医生许可  
 I am unable to recommend this individual for freediving 需进一步诊断

Name of Freediver潜水人姓名: \_\_\_\_\_

Physician's Name医生姓名: \_\_\_\_\_

Physician's Signature医生签字: \_\_\_\_\_

Date日期: \_\_\_\_\_

Physician's phone number医生电话: \_\_\_\_\_

Physician's Stamp or Postal Address (医生签章或地址): \_\_\_\_\_

My signature on the above verifies that I have completely reviewed this applicant's Medical Statement and find no counter-indications for freediving. 本人在以上表格的签字表明, 我已经认真检视声明人的医疗状况和健康情况, 未发现任何症状和状况不适合自由潜水及其相关活动。