MEDICAL QUESTIONNAIRE

Miss - Ms - Mrs - Mr …….. **Date of birth: ……..……**

To participate in this activity, you must not have any health problems that could be aggravated by the activity or that could lead to an accident. In accordance with federal regulations (pursuant to the Ministry of Youth and Sports decree of April 28, 2000), please take the time to complete this questionnaire with care. If you answer yes to any of the questions, you will need to be examined by a doctor, for the purpose of risk assessment, before you will be admitted to the attraction.

This activity is not advised during pregnancy. We recommend that you have any dental cavities treated beforehand.

The excessive consumption of alcohol and/or illicit substances is incompatible with this activity.

Check the appropriate box:

1. Have you ever had a burst lung or decompression sickness?
Yes □ No □

2. Do you have a disability?
Yes □ No □

Do you now have, or have you ever had:

3. heart or circulation problems?
Yes □ No □

4. specifically, high blood pressure, including if treated?
Yes □ No □

5. repeated loss of consciousness?
Yes □ No □

6. chronic respiratory problems?
Yes □ No □

7. asthma?
Yes □ No □

8. a pneumothorax or chest injury?
Yes □ No □

9. ear, nose or throat problems requiring specialist medical care?
Yes □ No □

10. hearing loss or a perforated eardrum?
Yes □ No □

11. a chronic sinus or ear infection?
Yes □ No □

12. repeated dizzy spells or balance disorders?
Yes □ No □

13. ear pain in the water, on planes or at high altitudes?
Yes □ No □

14. mental health problems?
Yes □ No □

15. Are you being treated for depression?
Yes □ No □

Do you now have, or have you ever had:

16. neurological problems?
Yes □ No □

17. epileptic seizures, whether treated or not?
Yes □ No □

18. episodes of tetany or spasmophilia?
Yes □ No □

19. a head trauma involving coma?
Yes □ No □

20. a metabolic disease?
Yes □ No □

21. any type of diabetes, whether treated or not?
Yes □ No □

22. an endocrine disease?
Yes □ No □

23. a tumor?
Yes □ No □

24. a hiatus hernia or acid reflux?
Yes □ No □

25. an eye disorder: severe near-sightedness, a corneal abnormality or a retina problem?
Yes □ No □

26. a chronic skin condition?
Yes □ No □

27. Are you taking any medications: heart medications, blood pressure medications, blood thinners, or psychiatric or neurological drugs?
Yes □ No □

28. Have you ever had surgery or an endoscopy performed:
- on your chest or heart?
Yes □ No □
- on your stomach?
Yes □ No □
- on your ears or sinuses?
Yes □ No □
- on your brain?
Yes □ No □
- on your eyes (including laser eye surgery)?
Yes □ No □

29. Have you been on sick leave for a month or more, due to an illness or accident?
Yes □ No □

30. Will you require long-term medical treatment, surgery, endoscopy or hospitalization in the next six months?
Yes □ No □

I have read through and understand the above questions, and swear that all of my answers are true.
I have been informed that any false information will incur my liability and release Marineland from its liability.

Completed in …… **On ……**

Signature: (*of a parent or legal guardian, in the case of a minor*)

Warning

Important: You will be liable in the case of any false information, and your dated signature certifies this health declaration's truthfulness.